

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CSF
Sp

DISTRICT I
P.O. Box 1980, Hobbs NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-23007

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
647

7. Lease Name or Unit Agreement Name
EMPIRE ABO UNIT "B"

8. Well No.
42

9. Pool name or Wildcat
EMPIRE ABO

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

RECEIVED

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
ARCO Permian

AUG 17 '94

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

C. C. D.
ARTESIA, OFFICE

4. Well Location
Unit Letter F : 2109 Feet From The NORTH Line and 1778 Feet From The WEST Line

Section 25

Township 17S

Range 28E

NMPM EDDY

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3671.4'GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 10926' PBD: 7075' PERFS 6010-6084'

08/10/94
ANNUAL CSG MIT
LOAD CSG WITH 8 BBLS OF TREATED PACKER FLUID
PRESSURE CSG TO 600 PSI AND HOLD FOR 25 MIN.
BLEED OFF AND REPRESSURE TO 400 PSI AND HOLD FOR 15 MIN.
CSG LOST 40 PSI IN 15 MIN.
ORIGINAL CHART WITH RAY SMITH OF NMOC.D.
WILL RETEST IN 12 MONTHS.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bob Mantei TITLE OPERATIONS COORDINATOR DATE 08/15/94

TYPE OR PRINT NAME BOB MANTHEI TELEPHONE NO. 391-1602

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE SEP 6 1994

CONDITIONS OF APPROVAL, IF ANY: