

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-03192	
5. Indicate Type of Lease STATE <input type="checkbox"/> <i>Federal</i> <input checked="" type="checkbox"/> <i>Federal</i>	
6. State Oil & Gas Lease No. LC 062407	
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "C"	
8. Well No. 48	
9. Pool name or Wildcat EMPIRE ABO	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

4. Well Location

Unit Letter I : 1980 Feet From The S Line and 990 Feet From The E Line

Section 30 Township 17S Range 29E NMPM EDDY County

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

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: MIT ☒

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.

UNDERGROUND INJECTION CONTROL PROGRAM AS MANDATED BY THE NEW MEXICO OIL CONSERVATION DIVISION. TEST RUN ACCORDING TO OIL CONSERVATION DIVISION REQUIREMENTS (RULE 704A)

TD: 6360' PBTD: 6343' PERFS: 6256-6266' CIBP: 5995'

2/17/2000: CSG MIT WITNESSED BY GARY WILLIAMS - NMCD, AND KENT WHITMIRE - ARCO. PRESS TESTED TO 320#, HELD 15 MINS. HELD OK CHART ATTACHED.

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

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 3/1/2000

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

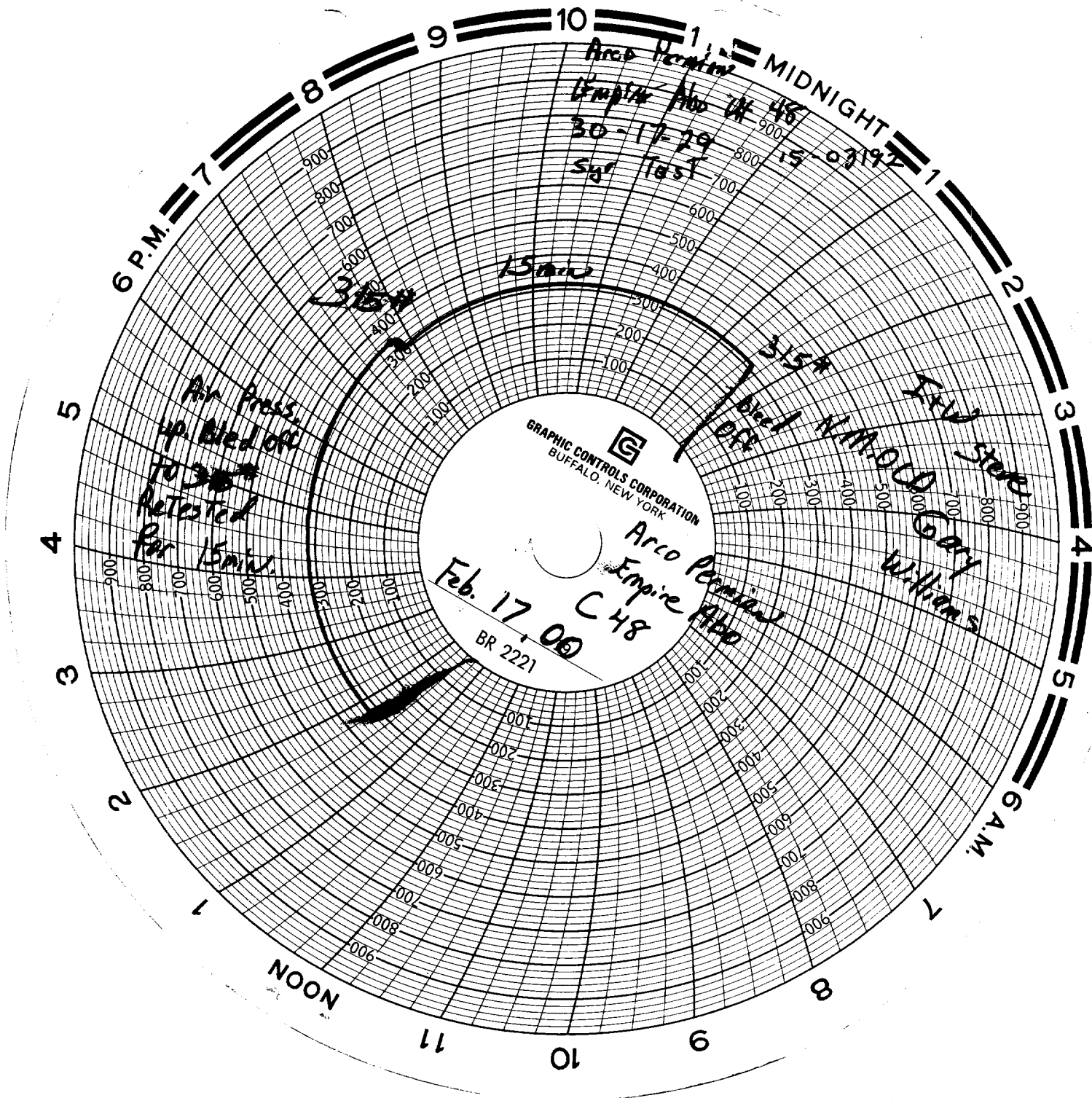
(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Record Only - Wrong Form - Fed Well

BK



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

157-222-2908
MIE
RECEIVED
OCD ARTESIA
157-222-2908