

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 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 87508

WELL API NO.

30-015-27135

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-742

7. Lease Name or Unit Agreement Name

Empire "20" State

8. Well No.

1

9. Pool name or Wildcat

Empire Morrow (South) Gas

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

Mewbourne Oil Company

3. Address of Operator

P.O. Box 5270 Hobbs, New Mexico 88241

4. Well Location

Unit Letter F : 2180 Feet From The North Line and 1900 Feet From The West Line

Section 20 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: Added Perforations & Acidized ☒

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.

11-18-92 Perforated Morrow formation (10,620' - 10,640') through tubing with 2 spf for a total of 41 holes.

12-07-92 Acidized Morrow perforations (10,620' - 10,640'; 10,750' - 10,754'; 10,758' - 10,767') with 5000 gals. 7 1/2% HCL + 1000 SCF/bbl N2.

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

SIGNATURE

TITLE District Supt.

DATE 12/21/92

TYPE OR PRINT NAME

Kelly Ryan

TELEPHONE NO. (505) 393-3905

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 30 1992