

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CIS
JP

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.
30-015-00741

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name

Empire Abo Unit "J"

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

8. Well No.

15

9. Pool name or Wildcat

Empire Abo

4. Well Location

Unit Letter G : 2310 Feet From The N Line and 1980 Feet From The E Line

Section 02 Township 18S Range 27E 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. ☐

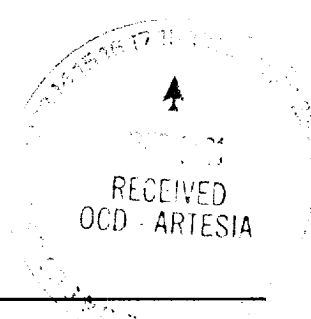
PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: TA wellbore & 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.

11/27/01: Pkr or CIBP set @ 5632', Perforated interval 5773-5873'
Load and tested wellbore. Pressure up to 560#, held 30 mins. Chart attached.
Notified NMOC prior to commencing operations. Did not witness test.
Keep wellbore for future use and uphole potential.
Well TA'd



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

SIGNATURE Kellie D. Murrish

TITLE Sr. Administrative Assistant DATE 12/17/01

TYPE OR PRINT NAME Kellie D. Murrish

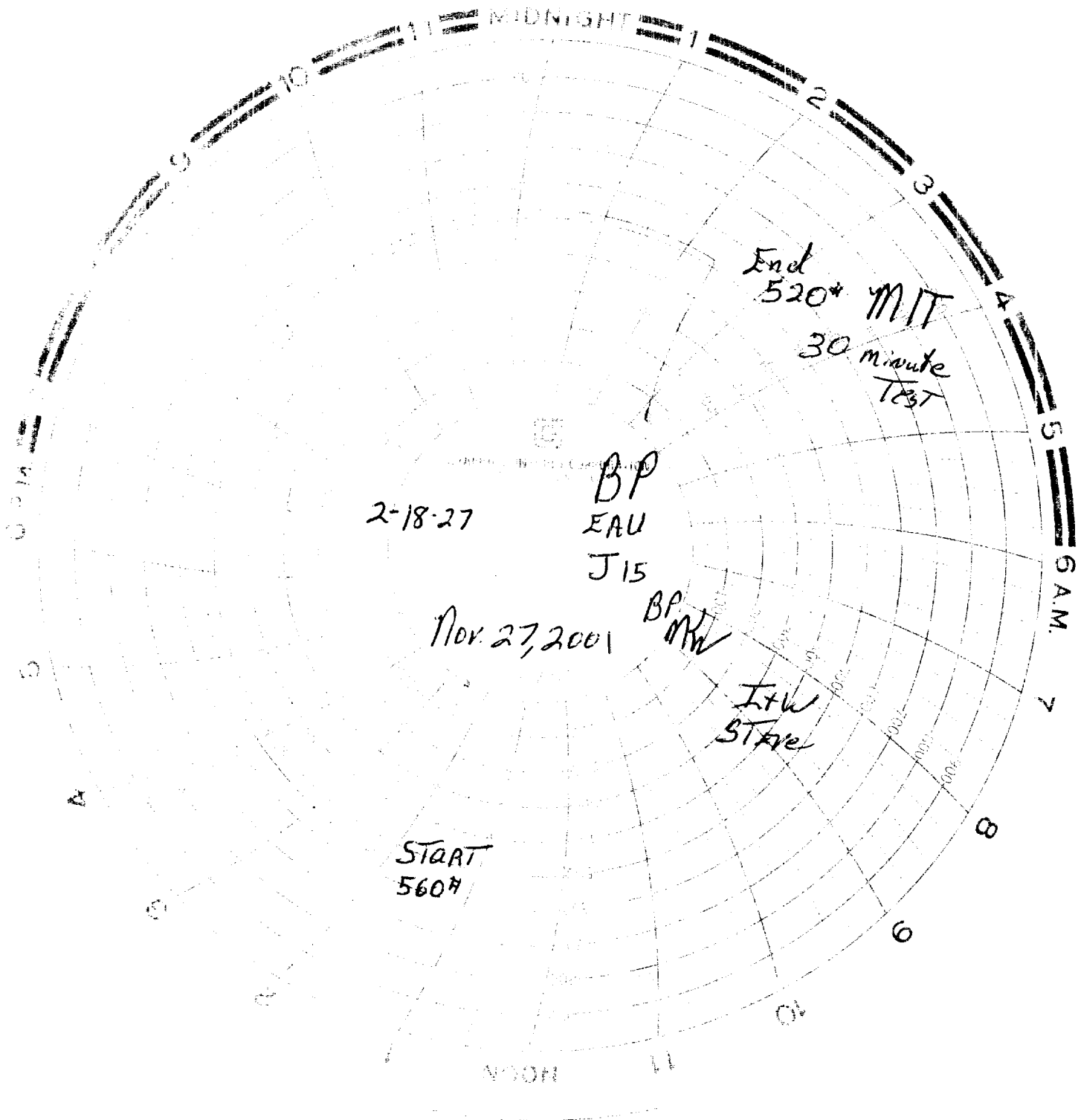
TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY Denied

TITLE _____ DATE 12-28-01

CONDITIONS OF APPROVAL, IF ANY:



2-18-27

BP
EAU
J15

Nov. 27, 2001

BP
MW

Lxw
STare

START
5604

End
5204 MIT
30 minute
TEST

6 A.M.

NOON