

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 87504-2088

WELL API NO.
30-015-00853

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

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

4. Well Location
Unit Letter MB : 710 Feet From The N Line and 1830 Feet From The E Line
Section 10 Township 18S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3487' RDB

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

8. Well No.
11

9. Pool name or Wildcat
EMPIRE ABO

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: ADD PERFS ☒

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: 6030' PBD: 5990' PERFS: 5664-5892'

04/08/95: PERF ABO INTERVAL 5839-60', 5820-39', 5812-14', 5806-10', 5794-5800', 5768-78',
5750-51', 5717-38', 5712-17', 5698-5704', 5664-84'. TOTAL 239 HOLES.

04/11/95: ACIDIZE ABO PERFS 5664-5892 W/4500 GALS 15% NEFE ACID RUNNING 360 BALL SEALERS.
GOOD BALL ACTION THROUGH OUT TREATMENT.

04/17/95: 24 HOUR TEST = 16 BO, 21 BW, 168 MCF.

RECEIVED

MAY - 9 1995

OIL CON. DIV.
DIST. 2

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 05/08/95

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 391-1649

(This space for State Use)

ORIGINAL SIGNED BY TDE W QUE
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

MAY 10 1995

CONDITIONS OF APPROVAL, IF ANY: