State of New Mexico E. , Minerals and Natural Resources Department

Form	C	·10	3
Revis	d	1-1	4

- DATE -

WELL API NO.

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

	30-015-00-00-00-00-00-00-00-00-00-00-00-00-00		30-015-1-1-1	7517
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	IECEIAED	5. Indicate Type of Lease STATE XX	FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		iv 0 8 i993	6. State Oil & Gas Lease No. E 3635	
DIFFERENT RESERV (FORM C-1	CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPE YOR. USE "APPLICATION FOR PI 101) FOR SUCH PROPOSALS.)	I ON I WOOD BROK TO A	7. Lease Name or Unit Agreement N Empire Abo Unit Q	1/////////////////////////////////////
L. Type of Well: OL. OAS WELL XX WELL	OTHER			
2. Name of Operator			8. Well No.	
Arco Oil & Gas ~ Address of Operator			9. Pool same or Wildcat	
	bbs, NM 88240		Empire Abo	
Well Location Unit LetterC :198	80 Feet From The West	Line and 66	O Feet From The Nor	th Line
Section 16	Township 18S F	tange 27E	NMPM Eddy	County
	10. Elevation (Show whethe	3496' DF		
.1. Check A	ppropriate Box to Indicate		Report, or Other Data	
NOTICE OF INT	ENTION TO:	SUI	BSEQUENT REPORT OF	•
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	ING [
INPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABA	NDONMENT [
ULL OR ALTER CASING		CASING TEST AND C	<u></u>	
THER:	П	OTHER:		Γ
12. Describe Proposed or Completed Operati			uding estimated date of starting any mana	
work) SEE RULE 1103.	An Creary same on personal account, a	on give private actes; on	and an an a suring only prope	
TD 5680, PBD 5640, P6	erfs 5568-82 and 5602	:-16		
12/2/92 RAN C S L FROM	4 2500' TO 100' TOC @	516'		
12/4/92 FRAC DOWN 4 3400# AND MA	1/2" CSG W/7600# 16/ AX RATE 28.4 BPM. SA	30 SAND AND 883 AND OUT	BBLS JELLED FLUID MA	X PRESSURI
12/15/92 RIH W/CA, SI	N @ 5518.3			
12/16/92 IN 24 HRS P	UMPED 34 BO, 45 BW, 9	00 MCFG		
_				
I hereby certify that the information above is true	and complete to the best of my knowledge ar			107.100
SIGNATURE fluid (1)	lu T	me Operations	Coordinator DATE 01/	0//93
TYPE OR PRINT NAME James D. C.	ogburn		TELEPHONE NO.	391-1621
(This space for State Use) ORIGINAL SI			1 A A i	1 A 1000
MIKE WILLIA	INIO		JAN	3 ? 1993

- TITLE -

SUPERVISOR, DISTRICT II