

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

0157  
OP

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.  
30-015-00909

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

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

8. Well No.  
7

9. Pool name or Wildcat  
EMPIRE ABO

4. Well Location  
Unit Letter R : 1650 Feet From The N Line and 2310 Feet From The E Line  
Section 16 Township 18S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3482' DF

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: ☐

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: 5835' PBD: 5812' PERFS: 5550-5766'

09/10/95: RU WIRELINE, RUN GAMMA RAY TIE IN LOG. TAG @ 5758' CORRECTED WLM. PERF ABO  
INTERVAL 5550-5736', W/3-1/8" CASING GUN, 2 JSPF, TOTAL 217 HOLES.

09/12/95: ACIDIZE ABO PERFS 5550-5766' W/4000 GALS 50/50 15% ACID/CONDENSATE. RAN 180 BALL  
SEALERS.

RECEIVED

SEP 27 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 09/26/95

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 391-1649

(This space for State Use)

RECEIVED BY TIM W. GUM  
DISTRICT II SUPERVISOR

SEP 25 1995

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: