

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 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.

30-015-02614

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT "J"

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

8. Well No.

23

9. Pool name or Wildcat

EMPIRE ABO

4. Well Location

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

Section

6

Township

18S

Range

28E

NMPM

EDDY

County

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

3671' GR

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: RETURN TO PRODUCTION ☒

SET CIBP +  
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.

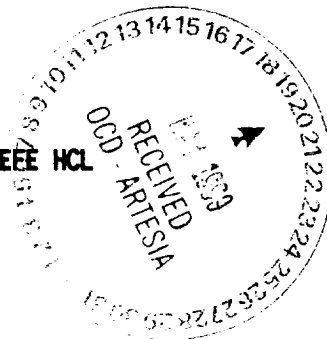
TD: 6248' PBD: 6205' PERFS: 5940-6000'

06/16/97: Set CIBP @ 6100'. Dump 2 sx cmt on top of CIBP.

06/18/97: RU & perf 5940-6000' w/4" csg gun, 2 JSPF, 120 holes.

06/19/97: Set model R pkr @ 5892'. Circ pkr fluid. Acidize w/2000 gals 15% NEE HCL w/500 SCR/bbl N2.

06/20/97: Set 2-3/8" tbg @ 6104'. Left well flowing to tank battery.



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

05/19/99

TYPE OR PRINT NAME

Kellie D. Murrish

TELEPHONE NO.

505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

5-21-99

CONDITIONS OF APPROVAL, IF ANY: