

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.

30-015-02619

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

8. Well No.

21

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat

Empire Abo

4. Well Location

Unit Letter E 1990.48 Feet From The N Line and 660 Feet From The W Line

Section 6 Township 18S Range 28E NMPM Eddy County

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

3640.72' 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: 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: 6202' PBD: 6180' CIBP: 6075' PERFS: 5646-5770'

11/03/97: RIH w/5-1/2" CIBP, set @ 7065'

11/05/97: Perf abo interval 5646-5770' w/1-11/16" strip gun, 2 JSPF, 182 holes.
Acidize 5646-5770' w/2000 gals 15% NEFE acid w/500 SCF/bbl N2. Ran 195
ball sealers. Max press 1850#, min 800#, avg 1325#. AIR 2 BPM. ISIP 450#.
15" 400#. 2-3/8" tbq set @ 5602". SN @ 5619". Return to production.

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 05/24/99

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY Jim W. [Signature] TITLE District Supervisor DATE 5-26-99

CONDITIONS OF APPROVAL, IF ANY: