

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.
30-015-22489

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-3823-1

7. Lease Name or Unit Agreement Name

EMPIRE ABO UNIT

EMPIRE ABO UNIT

8. Well No.
I-282

9. Pool name or Wildcat
EMPIRE ABO

SUNDRY NOTICES AND REPORTS ON WELLS - FIVED
(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 A : 1150' Feet From The NORTH Line and 1270' Feet From The EAST Line

Section 5

Township 18S

Range 28E

NMPM EDDY

County

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

3655.1' 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: CONVERT TO NATURAL FLOW ☒

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 6370' PBD 6200' PERFS 6170-6180

06/27/94

UNSET PKR PUMP 90 BBLS 8.6# BRINE W/TH-377 CHEM DOWN CSG. SET PACKER W/13000# COMPRESSION NU
WH. LOAD AND TEST CSG TO 500#, HELD GOOD.
WELL CONVERTED FROM ROD PUMP TO NATURAL FLOW.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Kellie D. Murrish

TITLE RECORDS CLERK II

DATE 07/11/94

TYPE OR PRINT NAME

KELLIE D. MURRISH

TELEPHONE NO. 391-1649

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

JUL 29 1994

CONDITIONS OF APPROVAL, IF ANY: