

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 "I"

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
ARCO Permian

8. Well No.
282

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

9. Pool name or Wildcat
Empire Abo

4. Well Location
Unit Letter A : 1150 Feet From The N Line and 1270 Feet From The E 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: Squeeze Perfs, Perf Upper Abo ☒

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: 6370' PBD: 6142' PERFS: 5996-6140'

02/28/95: SQUEEZE ABO PERFS 6170-6180' W/180 SACKS CLASS "C" NEAT. 69 SACKS IN FORMATION, 111 SACKS CIRC TOPIT. PERF ABO 6130-6140, 6090-6120, 6020-6075, 5996-6000 W/4" CSG GUN, 2JSPF. TOTAL 202 HOLES. SPOT ACID 6140-5996'. SET PKR @ 5933.49'. ACIDIZE ABO PERFS 5996-6140' W/4000 GALS NEFE ACID RUNNING 180 BALL SEALERS. SET PKR W/15000# COMPRESSION. LOAD AND TEST CASING 500# 20 MINS.

RECEIVED

MAR 22 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 03/20/95

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 391-1649

(This space for State Use)

APPROVED BY *[Signature]*
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

MAR 23 1995

CONDITIONS OF APPROVAL, IF ANY: