

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.  
**30-015-22526**

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.

272

3. Address of Operator

P.O. Box 1710, Hobbs, New Mexico 88240

9. Pool name or Wildcat

EMPIRE ABO

4. Well Location

Unit Letter **B** : **1300** Feet From The **N** Line and **2345** Feet From The **E** Line

Section **5**

Township **18S**

Range **28E**

NMPM **EDDY**

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**KB 3663'**

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: **REPERF AND ACIDIZE** ☒

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: 6350' PBD: 6283' PERFS: 6130-6170'**

**08/23/95: PERF ABO INTERVAL 6130-6170' W/4 JSPF. ACIDIZE W/3000 GALS ARCO MIX ACID RUNNING  
180 BALL SEALERS.**

RECEIVED

SEP 06 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 **09/05/95**

TYPE OR PRINT NAME **Kellie D. Murrish**

TELEPHONE NO. **391-1649**

(This space for State Use) ORIGINAL OWNED BY TIM W. CUM

DISTRICT II SUPERVISOR

SEP 11 1995

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: