

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

SEP 20 1993

WELL API NO. 30-015-22527
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-11594-3
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT "J"
8. Well No. 223
9. Pool name or Wildcat EMPIRE ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3644.3 GR

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 ☐ X OTHER GAS INJECTION
2. Name of Operator ARCO OIL AND GAS COMPANY ✓
3. Address of Operator P.O. 1710 HOBBS N.M. 88240
4. Well Location Unit Letter F : 2630 Feet From The NORTH Line and 1930 Feet From The WEST Line Section 6 Township 18S Range 28E NMPM EDDY County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: CONVERT TO GAS INJECTION ☒	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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 6250, PBD 6200, PERFS 6177-97, PKR 6132

NOTIFY NMOCD PRIOR TO STARTING WORK.

ACIDIZE PERFS 6177-97 W/2000 GAL 15% NEFE, SWABB BACK SPENT ACID, LOAD CSG.

W/TREATED FLUID, TEST CSG TO 500# FOR 20 MIN, AND START INJECTION.

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

SIGNATURE James Cogburn TITLE OPERATION COORDINATOR DATE 9-16-93
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 19 1993