Submit 3 Conies

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

to Appropriate District Office	Energy, Minerals and Natura	l Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240 DISTRICT II	OIL CONSERVATI P.O. Box 2 Santa Fe, New Mexi	2088	WELL API NO. 30-015-22527 5. Indicate Type of Lease	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	ı		STA 6. State Oil & Gas Lease No	TE X FEE
(DO NOT USE THIS FORM FOR PRODIFFERENT RESE	CICES AND REPORTS ON WEDPOSALS TO DRILL OR TO DEEPE RVOIR. USE "APPLICATION FOR C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agree EMPIRE ABO UNIT	
OIL GAS WELL C	OTHER X GAS INJECTION			
2. Name of Operator ARCO Permian			8. Well No. 223	
3. Address of Operator P.O. Box 1710, Hobbs, New Mer	cico 88240		9. Pool name or Wildcat EMPIRE ABO	
4. Well Location Unit Letter F : 2630	Feet From The N	Line and 1930	Feet From The W	Line
Section 6	Township 18S	Range 28E	NMPM EDDY	County
	10. Elevation (Show whe 3644.3' GR	ther DF, RKB, RT, GR, etc.)		
	ppropriate Box to Indicate NTENTION TO:	1	, Report, or Other I SEQUENT REPOR	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERIN	IG CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AN	nd abandonment L
PULL OR ALTER CASING	CASING TEST AND CI			_
OTHER:		OTHER: FAILED MI	<u></u>	
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent de	etails, and give pertin <mark>ent</mark> dates	s, including estimated date of s	tarting any proposed
TD: 6250 PBD: 6200 PERFS: 5	990-6197'			
04/20/95: TEST TBG BIH 5000#. TBG ON FLANGE. PUMP 90 BBI AND TEST CSG TO 500#, SLIGHT	S 8.5# BRING W/TH-377 CHEM.	SET PKR W/10,000# CO	. ND BOP HANG MPRESSION. LOAD	CEME
04/21/95: PRESS UP CSG TO 500/ WITNESSED BY RAY SMITH, NM		EST CHART ATTACHED	. PRESS TEST	eceive c
			l:	AY 4 1995
				AY 4 1995 CON, DIV DIST. 2
I hereby certify that the information above is				
SIGNATURE MULLI W. TO	WWW.	Administrative Assist	tant DATE	05/02/95
TYPE OR PRINT NAME Kellie D. Murris	<u>h</u>		TELEPHONE	NO. 391-1649
(This space for State Use) ORIGINAL SIGNED B	y ray smith	Tield R	m IL	MAY 1 5 1995

