

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

215F  
ep

DISTRICT I  
P.O. Box 1980, Hobbs NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
P.O. Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
**30-015-22560**

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.)

7. Lease Name or Unit Agreement Name  
**EMPIRE ABO UNIT "K"**

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

2. Name of Operator  
**ARCO Permian**

8. Well No.  
**192**

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

9. Pool name or Wildcat  
**EMPIRE ABO**

4. Well Location  
Unit Letter **J**: **220** Feet From The **S** Line and **1390** Feet From The **E** Line

Section **1** Township **18S** Range **27E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3646.7' KB**

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: **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: 6250' PBD: 6150' PERFS: 5890-6120'**

**11/22/95: RU WIRELINE UNIT PERF ABO INTERVAL 5890-6100' W/4" CSG GUN, 2 JSPE, TOTAL 150 HOLES.**

**11/30/95: ACIDIZE ABO PERFS 5890-6120' W/ 5000 GALS 15% NEFE ACID. RAN 360 BALL SEALERS.**

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 12/20/95

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-391-16

(This space for State Use)

APPROVED BY DEC 27 1995 TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: