

Submit 3 Copies
Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

015F
89

DISTRICT I

P.O. Box 1980, Hobbs NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

900 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-015-22609
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-7244-30
7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT :L:
8. Well No. 143
9. Pool name or Wildcat EMPIRE ABO

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.)

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

Name of Operator
ARCO Permian

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

Well Location
Unit Letter N 1200 Feet From The S Line and 1900 Feet From The W Line

Section 2 Township 18S Range 27E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3528' GR

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 ☐
REPAIR OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CLEAN OUT AND ADD PERFS ☒

2. 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.

ID: 6100' PBD: 6093' PERFS: 5980-6092'

04/03/95: PERFS ABO INTERVAL 6043-44, 6046-6060', 6022-43', 6001-22', 5980-6001' W/2 JSPF
TOTAL 158 HOLES W/4" CSG GUN. ACIDIZE ABO PERFS 5980-6092 W/3000 GALS 15% NEFE ACID RUNNING
180 BALL SEALERS. SOME BALL ACTION NOTED. MAX PRESS 750#, AVG PRESS 400#, ISIP VAC 4103.6
BPM.

04/10/95: IN 24 HRS PRODUCED 3 B0, 38 BW, 1513 MCFD

APR 21 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 04/20/95

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 26 1995

CONDITIONS OF APPROVAL, IF ANY: