

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 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-22637

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Empire Abo Unit "J"

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

4. Well Location

Unit Letter E : 2450 Feet From The N Line and 400 Feet From The W Line

Section 6 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR: 3650.1'

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: Workover ☐

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: 6203' PERFS: 5588-6080', 6104-6125'

09/25/01: MIRUPU. NDMH. NUBOP.

09/26/01: POH w/tbg.

09/27/01: RIH w/big. scraper, 5-1/2" CO, & tbg. Tag @ 6090', POH.

09/28/01: RU wireline. Perf 5588-6080', 2 JSPF. RD. RIH w/40 jts 2-3/8" tbg. SD.

10/01/01: Bled press. POH w/40 jts. RIH w/PPI tools & tbg. PPI 5588-6080' w/
50 gals/ft., 15 % HCL NEFE, POH.

10/02/01: Bled well dn. RU Hot oiler pmp 25 bbls on tbg. Unset pkr. POH w/24 jts. Pmp 75
bbls dn csg. Kill well. POH w/150 jts & pkr. Pmp 50 bbls dn csg.

10/03/01: No press on tbg. Hot oil tbg. RU swab. FL 6050' FS. Swab dry. RIH w/prod assy. (OVER)

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

SIGNATURE

Kellie D. Murrish

TITLE

Sr. Administrative Assistant

DATE

12/06/01

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

[Signature]

TITLE

[Signature]

DATE

12-10-01

CONDITIONS OF APPROVAL, IF ANY: