

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

WELL API NO.  
30-015-22750

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.)

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

2. Name of Operator  
ARCO Permian

7. Lease Name or Unit Agreement Name  
EMPIRE ABO UNIT "I"

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

8. Well No.  
251

4. Well Location  
Unit Letter D : 660 Feet From The N Line and 150 Feet From The W Line

Section 5 Township 18S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3673.8' GR

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: REPERF & ACIDIZE ☐

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: 6186' PERFS: 5970-6060', 6124-6152'

01/31/96: PERF ABO INTERVAL 5970-6152' W/4" CSG GUN, 2 JSPF. ACIDIZE ABO PERFS W/3500 GALS  
15% NEFE ACID RUNNING 194 BALL SEALERS. MAX PRESS 2200#, MIN PRESS 1600#, AVG TREATING PRESS  
1850#. ISIP VAC. AIR 3.0 BPM

RECEIVED

FEB 28 1996

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 02/27/96

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

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

MAR 4 1996

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: