

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C15F
AP

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

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

8. Well No.
251

3. Address of Operator
P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat
Empire Abo

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: Add Perfs & 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', (New) 5664-5684, 5704-5740'

11/06/00: MIRUPU. RU to swab well clean.
11/09/00: NUBOP. POH w/tbg. RIH w/bit & scraper to 6169'.
11/10/00: RIH w/5-1/2" RBP. Set @ 5909'.
11/13/00: Add Abo perfs 5664-5684', 5704-5740', 2 JSPF, 120 holes
11/14/00: Acidize w/15000 gals 15% HCL ARCO mix. POH w/RBP, PKR & tbg.
11/16/00: RIH w/Model "R" Baker pkr and 181 jts 2-3/8" tbg. Set @ 5631'.
Return well to production.



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 11/27/00

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY [Signature] TITLE DATE DEC 04 2000

CONDITIONS OF APPROVAL, IF ANY: