

Submit 3 Copies
Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

15 F
JP

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.
30-015-22777

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-5313

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

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.
134

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

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter M : 10 Feet From The S Line and 640 Feet From The W Line

Section 2 Township 18S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3535.3' GL

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 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: 6150' PBD: 6079' PERFS: 6000-6068'

11/03/95: PERF ABO INTERVAL 6042-6000' W/2 JSPF W/4" CASING GUN. PMP 85 BBLS 8.6# BRING
W/TH-377 CHEMICAL. SET PKR @ 5948.76' W/14,000# COMPRESSION. ACIDIZE ABO PERFS 6000-6068
W/2500 GALS 15% NEFE ACID RUNNING 125 BALL SEALERS. SOME BALL ACTION NOTED.

RECEIVED

NOV 28 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 11/27/95

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-391-16

(This space for State Use)

ORIGINAL ISSUED BY TIM W. GUN
DISTRICT 2 REPORT

APPROVED BY

TITLE

DATE

DEC 4 1995

CONDITIONS OF APPROVAL, IF ANY: