

Submit 3 Copies
Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

957
87

OIL CONSERVATION DIVISION

DISTRICT I
Box 1980, Hobbs NM 88240

DISTRICT II
Box 1980, Artesia, NM 88210

DISTRICT III
Box 1980, Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.
30-015-22914

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.
161

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

9. Pool name or Wildcat
EMPIRE ABO

4. Well Location
Unit Letter I : 1310 Feet From The S Line and 590 Feet From The E Line

Section 2 Township 18S Range 27E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3558.7' 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 ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: PERF 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.

T10: 6225' PBD: 6182' PERFS: 5872-6117'

12/15/95: PERF ABO INTERVAL 5956-6104' W/2JSPF 4" CSG GUN.

12/20/95: PERF ABO INTERVAL 5872-5956' W/2JSPF 4" CSG GUN, TOTAL 184 HOLES. ACIDIZE ABO
PERFS 5872-7118 W/5000 GALS 60/40 ACID/CONDENSATE. MAX PRESS 510#, AVG PRESS 200#, ISIP VAC.
AIR 3.8 BPM.

RECEIVED

JAN 05 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 01/04/96

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

(This space for State Use)

ORIGINAL SIGNED BY DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 18 1996

CONDITIONS OF APPROVAL, IF ANY: