Submit 3 Copies to Appropriate District Office

APPROVED BY.

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department



Form C-103 **Revised 1-1-89**

OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-015-23116 Santa Fe. NM 87505 Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE STATE (X) DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Empire Abo Unit "J" 1. Type of Well: GAS WELL X WELL 🗌 8. Well No. 2. Name of Operator \ ARCO Permian 213 9. Pool name or Wildcat 3. Address of Operator Empire Abo P.O. Box 1089 Eunice, NM 88231 4. Well Location 100 2050 Unit Letter Feet From The Line and Feet From The Line 185 28E Eddy **NMPM** Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3649.2" GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: Set CIBP & Add Perfs OTHER: -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. PBD: 6025' (CIBP) PERFS: 5840-5986' TD: 6225' 10/06/97: RIH w/7" CIBP. Set @ 6025" 10/07/97: Perf abo interval 5840-5986' w/4" gun, 2 JSPF, 180 holes. Dump 20' cmt on top of CIBP. 10/08/97: Acidize 5840-5986' w/2500 gals 15% NEFE. Max press 2550#, min vac. avg 550#, AIR 2.2 BPM, ISIP vac, ran 190 ball sealers. RIH w/completion assembly. Set 2-3/8" tbg @ 5799'. SN @ 5810' 10/09/97: Return to production. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Administrative Assistant 05/24/99 TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649 (This space for State Use) ORIGINAL SIGNED BY TIM W. GUM DATE 5-26-95 DISTRICT II SUPERVISOR 1360

TITLE