

CF-H00

Orig-CF
C- S. Smith-Hobbs
- KWGSubmit 3 Copies
to Appropriate
District OfficeState of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 1-1-89

JUL 29 2009

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-22816
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-7832
7. Lease Name or Unit Agreement Name Empire Abo Unit "E"
8. Well No. 362
9. Pool name or Wildcat Empire Abo
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3675.9 GR

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.) RECEIVED	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator ARCO OIL AND GAS COMPANY ✓	MAR 13 '90
3. Address of Operator P. O. Box 1610, Midland, Texas 79702	O. C. D. ARTESIA, OFFICE
4. Well Location Unit Letter <u>A</u> : <u>1200</u> Feet From The <u>North</u> Line and <u>1200</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Recomplete Abo <input checked="" type="checkbox"/>

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.

3-1-90. RUPU. POH W/CA. Perf Abo f/6062-6072. Acidize w/900 gals.
Flow test. Ran CA: 2 3/8 tbq & pkr to 6007.

3-6-90. RDPU.

3-8-90. In 24 hrs flowed 364 BO 25 BW 1400 MCF.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ken W. Gosnell TITLE Engr. Tech. DATE 3-12-90TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE MAR 21 1990

CONDITIONS OF APPROVAL, IF ANY: