

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

CISE
DP

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-01686

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

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.

30

3. Address of Operator

P.O. Box 1089, Eunice, NM 88231

9. Pool name or Wildcat

EMPIRE ABO

4. Well Location

Unit Letter K : 1980 Feet From The S Line and 1980 Feet From The W Line

Section 33 Township 17S Range 28E NMPM EDDY County

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

3665' 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 ☐

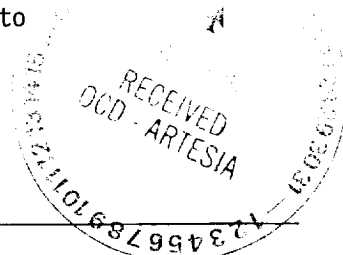
CASING TEST AND CEMENT JOB ☐

OTHER: Temporarily Abandon ☐

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: 6210' PBD: 6177' (CIBP @ 5598') PERFS: 5648-5736'

04/15/98: Set CR @ 5876'. Squeezed 5914-6010 w/150 ss Class "C" Neat. Perf Green shale 5648-5736. 2 JSPF select fire, 36 holes. Acidize w/1500 gals 15% acid. Swab. Unsuccessful Workover. Set CIBP @ 5598' to Temporarily Abandon wellbore. Pressure tested to 580#, held 30 minutes. Original chart not available to submit. Xerox copy of original chart attached.



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 01/19/01

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

Records Only

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: