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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO RECEIVED

Form C-103
Revised 10-1-

AUG 17 '88

3a. Indicate Type of Lease

State ☒ Fee ☐

3. State Oil & Gas Lease No.

B-2071

SUNDY NOTICES AND REPORTS ON WELLS O. C. D.

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. ARTESIA, OHIO

1. OIL WELL ☒ GAS WELL ☐ OTHER ☒	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company	8. Farm or Lease Name Empire Abo Unit "F"
3. Address of Operator P.O. Box 1610, Midland, Texas 79702	9. Well No. 36
4. Location of Well UNIT LETTER <u>H</u> <u>2263.18</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> NMPM.	10. Field and Pool, or Wildcat
11. Elevation (Show whether DF, RT, GR, etc.) 3679 GR	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>Recomplete same zone</u> ☒

17. 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.

7-28-88 RU PU. ROH w/CA. Set CICR at 6250'. Press test csg & CICR to 500#. Perf Abo f/6184-6192'. Well kicked off flowing. In 17 hrs flowed 73 BO, 0 BW, 445 MCF, 32/64" ck, FTP 170#.

8-8-88 Acdz perms 6184-6192' w/750 gals.

8-10-88 In 24 hrs flowed 72 BO, 43 BW, 1.2 MMCF, 24/64" ck, FTP 430#.

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

SIGNED Ken W. GosnellTITLE Engr. Tech. 915-688-5672DATE 8-16-88Original Signed By
Mike Williams

APPROVED BY

TITLE

DATE

AUG 23 1988

CONDITIONS OF APPROVAL, IF ANY: