

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-00719
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 2029-63
7. Lease Name or Unit Agreement Name RIVERWOLF
8. Well No. 5
9. Pool name or Wildcat EMPIRE ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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
3. Address of Operator P.O. Box 1089 Eunice, NM 88231
4. Well Location Unit Letter C : 990 Feet From The N Line and 1980 Feet From The W Line Section 2 Township 18S Range 27E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

TD: 5765' PBD: 5600' PERFS: 5500-5530'

MIRUPU. Install & test BOP, POH w/tbg.
RIH w/bit & scraper, to 5500', POH.
RIH & set CR @ 5450'. Squeeze abo perf w/50 sxs cmt.
RU WLU & perf Green Shale 5253-5443', 30 shots.
PPI Green Shale perfs.
POH w/PPI tools, RIH w/workstring & pkr.
Acidize perfs
Flow back
RIH w/tbg & anchor.
RIH w/rods & pmp. Return to production



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 08/23/99
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: