to Appropriate
District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103 Revised 1-1-89

Submit 3 Copies

Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs NM 88240			WELL API NO. 30-015-00903
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease
DISTRICT III RECEIVED		STATE X FEE 6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 874	0	·	B-10456
SUNDRY NOT	TICES AND REPORTS ON WEL	NGAPQUEBACK TO A	
DIFFERENT RESE	RVOIR. USE "APPLICATION FOR PE C-101) FOR SUCH PROPOSALS.)	ĔŘŇIT"	7. Lease Name or Unit Agreement Name
1. Type of Well:		ARTESIX OFFICE	EMPIRE ABO UNIT "R"
OIL SAS WELL SAS	OTHER	ARIDO	
2. Name of Operator ARCO Permian			8. Well No. 6
3. Address of Operator P.O. Box 1710, Hobbs, New Me	xico 88240		9. Pool name or Wildcat EMPIRE ABO
4. Well Location	Feet From The NORTH	Line and 1650	Feet From The WEST Line
Unit Letter F: 1650	reet From The	une and	Feet From The Line
Section 16		Range27E her DF, RKB, RT, GR, etc.)	NMPM EDDY County
	3498' DF	mer Dr, MD, R1, OR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF II	NTENTION TO:	SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:		OTHER: DRILL OU	T PLUGS, PERF ABO, ART LIFT
12. Describe Proposed or Completed Operation Searly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
TD: 5700' PBD: 5673' PERFS 5498-5600'			
05/15/94			
DRILL CMT PLUG 1452' TO 1560', DRILL OUT PLUG @ 1620', DRILL CMT 5090-5215', DRILL CMT 5345-5380', DRILL CMT 5380' TO CR @ 5408'. DRILL 5526-5649'			
PERF ABÓ 5498-5600' W/2 JSPF TOTAL 145 HOLES. ACIDIZE ABO PERFS 5498-5600' W/3650 GALS NEFE 15% ACID.			
RIH W/CA, PUMP, & RODS. LOAD TUBING & PRESS UP TO 500#. GOOD PUMP ACTION.			
			·
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE KULLU K.	mush.	RECORDS CLERK	DATE 08/02/94
TYPE OR PRINT NAMEKELLIE D. MI	JRRISH		TELEPHONE NO. 391-1649
(This space for State Use)			
SUPERV	ISOR, DISTRICT II		SEP 6 1994
APPROVED BY	•	TITLE	DATEDATE