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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

APR 21 1975

O. C. C.
ARTESIAN OFFICE

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
647	
7. Unit Agreement Name	
Empire Abo Unit "G"	
8. Farm or Lease Name	
9. Well No.	
26	
10. Field and Pool, or Wildcat	
Empire Abo	
12. County	
Eddy	

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Atlantic Richfield Company ✓
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>K</u> , <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3671' GR

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 checked="" 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 <input type="checkbox"/>

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.

On 2/8/74 rigged up & killed well, installed BOP. Pulled tbg & pkr. WIH w/tbg & RTTS. Set RTTS @ 5774'. Cmt squeezed perfs 5966-82' w/100 sx Cl C cmt cont'g .3 of 1% CFR-2 followed by 50 sx Cl C cont'g 7# sd/sk. Max & final press 3000#. Rev out 10 sx. WOC 24 hrs. Drld cmt 6048-6079' PBD. Tested squeeze job to 600# for 30 mins OK. Perf'd w/1 JS ea @ 6054, 56, 60, 63, 64, 66, 6067' = 7 holes. RIH w/tbg & pkr. Set pkr @ 5993'. Trtd perfs 6054-6067' w/2500 gals 15% HCL-LSTNE acid & flushed w/25 BO. 12 hr SITP 350#. Well failed to flow. Swbd 8 hrs, rec 36 BNO & 8 BLW. Trtd perfs 6054-6067' w/5000 gals 15% HCL-LSTNE acid. 15 hr SITP 300#. Swbd & flwd well 9 hrs. Rec 60 BNO & 56 BLW. On 24 hr potential test 3/9/74 well flwd 135 BO & 1 BW on 48/64" ck, FTP 50#.

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

SIGNED [Signature] TITLE Dist. Drlg. Supv. DATE 4/18/75

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: