

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

NOV - 6 1978

RECEIVED		
DATE		
BY		
OFFICE		
REASON		

5a. Indicate Type of Report
State 1
5. State Oil & Gas Conservation
7. Unit Approval Number
Empire Abo Unit
8. Field or Lease Number
EAL "H"
9. Well No.
20
10. Field and Pool, or Unit
Empire Abo
12. County
Dewey

SUNDARY NOTICES AND REPORTS ON WELLS **O.C.C.**
ARTESIA, OFFICE
DO NOT USE THIS FORM FOR OPERATIONS TO BE LIFTED FROM THE PUBLIC RECORDS TO A DEPARTMENT RESERVATION.
SEE REGULATIONS FOR DEPARTMENT OF ENERGY OIL AND GAS CONSERVATION.

1. Well No. GAS WELL OTHER

2. Name of Operator
Atlantic Richfield Company ✓
3. Address of Operator
P. O. Box 129 Artesia, New Mexico 88210
4. Name of Well
P 990 FEET FROM THE East LINE AND 330 FEET FROM
LINE, SECTION 36 TOWNSHIP 17S RANGE 2E HMP. 11

15. Elevation (Show whether DF, RT, GR, etc.)
3662 GR
12. County
Dewey

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

<input checked="" type="checkbox"/> REMEDIAL WORK	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> REMEDIAL WORK	<input type="checkbox"/> ALTERING CASING
<input type="checkbox"/> PARTIAL ABANDON	<input type="checkbox"/> CHANGE PLAND	<input type="checkbox"/> COMMENCE DRILLING OPS.	<input type="checkbox"/> PLUG AND ABANDONMENT
<input type="checkbox"/> OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/> CASING TEST AND CEMENT JOG	
	<input type="checkbox"/>	OTHER _____	

_____ Rising _____ to surface.

Describe the kind of Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any project.) SEE RULE 1103.

Piping braden head towards ce.

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

A.H. Truitt TITLE Dist. Prod. Supervisor DATE 10-31-78

B.W. Weaver TITLE Field DATE 11-8-78

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
DATE	1
BY	1
S.G.S.	
BY AND OFFICE	
OPERATOR	1

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION

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

DEC 7 1976

O. C. C.
ARTERIA, OFFICE

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-752
7. Unit Agreement Name Empire Abo Pressure Maintenance Project
6. Farm or Lease Name Empire Abo Unit "H"
9. Well No. 20
10. Field and Pool, or Wildcat Empire Abo
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR APPLICANTS TO PERMIT TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.)

OIL WELL GAS WELL OTHER

Name of Operator
Atlantic Richfield Company

Address of Operator
P. O. Box 1710, Hobbs, New Mexico 88240

Location of Well
UNIT LETTER **P** **990** FEET FROM THE **East** LINE AND **330** FEET FROM
THE **South** LINE, SECTION **36** TOWNSHIP **17S** RANGE **27E** N.M.P.M.

15. Elevation (Show whether DF, RT, CR, etc.)
3662' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER SI - Allowable Transferred <input checked="" type="checkbox"/>	

7. 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.

This well was shut-in on 9-10-76 after testing for 72 hrs @ a stabilized rate of production to determine the transfer of allowable credit to other producing wells in the Empire Abo Pressure Maintenance Project area. This well is presently shut-in.

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

APPROVED BY *[Signature]* TITLE Sr. Dist. Prod. Supv. DATE 12-02-76

APPROVED BY *[Signature]* TITLE SUPERVISOR, DISTRICT II DATE FEB 1 1977

CONDITIONS OF APPROVAL, IF ANY:
Expires 10-1-77