STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: 647

## 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.)

RECEIVED
MAR 28 1980
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

8. Farm or Lease Name: Empire Abo Unit "D"

3. Address of Operator: Box 1710, Hobbs, New Mexico 88240

9. Well No.: 38

4. Location of Well
UNIT LETTER N, 330 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 17S RANGE 28E NMPM.

10. Field and Pool, or Wildcat: Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.): 3681' GR

12. County: Eddy

16. 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 [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER Recomplete lower in reef [X] | | OTHER [ ] | |

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.

1. Rig up, kill well, install BOP, POH w/compl assy.
2. Set cmt retr @ 6115'.
3. Squeeze cmt perfs 6158-70' w/Cl C cmt w/2% CaCl.
4. Drill out cmt & retr. Press test squeeze job.
5. Perforate Abo lower 6210-22' w/2 JSPF.
6. RIH w/pkr, set @ 6140'.
7. Treat perfs 6210-22' w/150 gals 15% HCL-LSTNE-FE acid, 1000 gals gelled CaCl wtr, 1000 gals LC, 1000 gal 15% HCL-LSTNE-FE acid, flush w/LC.
8. Reset pkr @ 6150'. Swab test. Return to production.

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. Supt. DATE 3/27/80

APPROVED BY [signature] TITLE SUPERVISOR, DISTRICT II DATE MAR 31 1980

CONDITIONS OF APPROVAL, IF ANY: