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O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease State ☒ Eas ☐
5. State Oil & Gas Lease No. 647
7. Unit Agreement Name
8. Farm or Lease Name Empire Abo Unit "D"
9. Well No. 38
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 ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator ARCO Oil & Gas Co. Division of Atlantic Richfield Company
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240
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.
15. Elevation (Show whether DF, RT, GR, etc.) 3681' GR

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☒ Recomplete lower in reef	

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. Rigged up on 4-28-80, killed well installed BOP & POH w/comp assy.
2. Set cmt retr @ 6103'. Squeeze cmtd perfs 6158-70' w/150 sx C1 "C" LWL cmt followed by 75 sx C1 "C" w/2% CaCl. WOC. Drld out cmt & retr. CO to 6318'. Press tested squeez job to 1500# for 30 mins, OK.
3. Ran GR-N Corr log. Perf'd Abo lower 6210-6222' w/ 2 JSPF.
4. RIH w/pkr & tbq, set pkr @ 6182'. Acidized perfs 6210-6222' w/150 gal 15% HCL-LSTNE-FE dbl inhibited, 1000 gals gelled CaCl wtr, 1000 gals LC, 1000 gals 15% HCL-LSTNE-FE dbl inhibited, flushed w/20 BLO. In 4 hrs swbd 40 BO & 17½ BW. Flwd 5 BO on 20/64" ck in 15 hrs. POH w/ tbq & pkr.
5. RIH w/comp assy, set pkr @ 6186'.
6. On 24 hr potential test 5-26-80, pmpd 249 BO, 6 BW, 733 MCFG, GOR 2944:1. FINAL REPORT.

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 5/28/80

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE JUN 5 1980

CONDITIONS OF APPROVAL, IF ANY: