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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

**RECEIVED**

**JUN 16 1976**

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

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
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5. State Oil & Gas Lease No.  
647

7. Unit Agreement Name

8. Form or Lease Name  
Empire Abo Unit "F"

9. Well No.  
1 27

10. Field and Pool, or Wildcat  
Empire Abo

12. County  
Eddy

**O.C.G.**  
**SUNDARY NOTICES AND REPORTS ON ANTICLINAL OFFICE**  
(DO NOT USE THIS FORM FOR PROPOSALS TO HALL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO HALL (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER. Gas Injection Well

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 G 2310 FEET FROM THE North LINE AND 1650 FEET FROM  
THE East LINE, SECTION 32 TOWNSHIP 17S RANGE 28E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3689' GR

16. 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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Status Of Well

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.

This well was shut in on 9/1/74. The well was converted to gas injection on 9/14/75. This well is presently a gas injection well and is being used for secondary recovery and for a pressure observation well. This well is part of the Empire Abo Pressure Maintenance Project per OCC Order No's. R4548, R4549 & as amended.

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

SIGNED H. T. Home for G. O. Kicks TITLE Dist. Prod. & Drlg. Supt. DATE June 15, 1976

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE JUN 18 1976

CONDITIONS OF APPROVAL, IF ANY: