' NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE	2		NEW MEXÍROGO I CCOSISE	:R √ A⊞ON COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65
FILE U.S.G.S. LAND OFFICE	1		JAN 26	1977	5a. Indicate Type of Lease State X Fee
OPERATOR	+	+		,	5. State Oil & Gas Lease No.
OPERATOR	1. <i>L</i>	لـــــا	O. C. (C	B-11538-1
	CI I	NIDD	Y NOTICES AND REPORTS ON		mminininini
USE	RM FC	DR PROP	T NOTICES AND REPORTS ON T POSALS TO DRILL OR TO DEEPEN OR PLUG BA ON FOR PERMIT -" (FORM C-101) FOR SUCH	CK TO A DIFFERENT RESERVOIR.	7. Unit Agreement Name
I. OIL X GAS WELL WELL]	OTHER-		Empire Abo Pressure Maintenance Project
2. Name of Operator	8. Carm or Lease Name				
Atlantic Richfie	Empire Abo Unit "!!"				
3. Address of Operator	3, Well No.				
P. O. Box 1710,	27				
4. Location of Well	10. Field and Pool, or Wilacut				
UNIT LETTER O	<u> </u>	195	0.8 FEET FROM THE East	LINE AND 650.24 FEET FROM	Empire Abo
THE South	_INE,	SECTIO	on 32 township 17S	RANGE 28E NMPM.	
	111	1111	15. Elevation (Show whether L	OF, RT, GR, etc.)	12. County
	////	////	3662' GR		Eddy
16.	Ch	eck /	Appropriate Box To Indicate Na	ature of Notice Report of Oth	ver Data
NOTI			TENTION TO:	•	REPORT OF:
	_				
PERFORM REMEDIAL WORK	╛		PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	_			COMMENCE DRILLING OPNS.	PLUG AND ABANDON WENT
PULL OR ALTER CASING	╛		CHANGE PLANS	CASING TEST AND CEMENT JOB	12.2
OTHER Squeeze Pr	esei	nt P	Perfs & Perf & Acidize X	OTHER	
Lower in A					
17. Describe Proposed or Co work) SEE RULE 1103.		ted Op	perations (Clearly state all pertinent deta	ils, and give pertinent dates, including	estimated date of starting and proposed
•		,	Present perfs 6010-30' &	6050-70' Abo. Propose	to squeeze cmt present
			ze new perfs lower in re		
			install BOP, POH w/tbg &	_	
2. RIH w/cmt re				, p	
			010-30 & 6050-70' w/150	sx LWL cmt followed by	100 sx Cl C cmt contig
6#/sk sand.	p01.	- 0	325 GG & GGGG 1.5, 205	bil livil ome retroved by	zoo bii ez e eme cont g
	t s	auee	eze & test squeeze job.		
5. Run GR-Corr					
6. Perforate Ab	_		ISPF 6134-56'.		
			'tbg, set pkr @ 6100'.		
			5134-56' w/2000 gals 15%	HCL-NE acid w/iron seque	estrant.
9. Swab test &			-	The me does not be de-	
a			E- 1		

	•	
18. I hereby certify that the information above is true and comple	ete to the best of my knowledge and belief.	
SIGNED Is Lay Knott	TITLE District Drlg. Supt.	DATE 1/25/77
APPROVED BY W. a. Gressett	TITLE -SUPERVISOR, DISTRICE II	DATE JAN 2 6 1977
CONDITIONS OF APPROVAL, IF ANY:	Bot Bay ison, Bibliada a	

