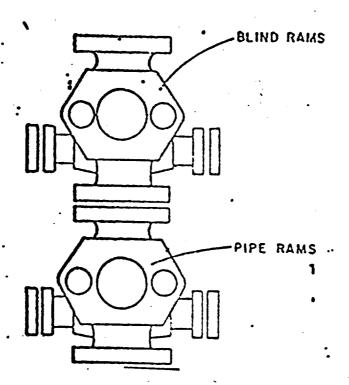
MOLTUE						C-102 and C-103
		N AEXIC	O OIL CONSERVA	TION COMMISSION		Effective 1-1-65
				•		
				RECEI	VED	5a. Indicate Type of Lease
PFICE		1				State X Fee
OR	1 : 1	1			. •	5. State Oil & Gas Lease No.
-	1	٠.,		JUN 2 6 1	975 l	647
					· · ·	mmmmmmm
DO NOT USE THIS FO	SUNDE	RY NOTICES AND RE	PORTS ON WELL	_\$. !	
USE	**APPLICAT	TION FOR PERMIT -" (FORM	2-101) FOR SUCH PROPO	SALS.)	<u>.</u>	
: ः∟िंच GAS				ARTESIA, OF	FICE	7. Unit Agreement Name
WELL MELL		OTHER-				
ame of Operator						8. Farm or Lease Name
Atlantic Richfie	Empire Abo Unit "H"					
3. A. ress of Operator			···			9. Well No.
P. O. Box 1710.	Hobbs	, New Mexico 882	40	•		30
4. Location of Well		,				10. Field and Pool, or Wildcat
37	4	000	a	1000	i i	·
UNIT LETTERN	<u>.</u>	660 FEET FROM THE	South	E AND F	EET FROM	Empire Abo
					1	
THE West	INE, SECTI	10N 33 TOWNS	HIP 17S	RANGE 28E	NМРМ.	

	((((()	15. Elevation (Show whether DF, RT	GR, etc.)		12. County
	//////		3668' GR		1	Eddy
16.	Check	Appropriate Box To	Indicate Nature	of Notice Pares	Osl	
моти			marcate Nature			
NOTIO	JE OF II	NTENTION TO:		SUBSE	EQUENT	REPORT OF:
	7			,	<u> </u>	
PERFORM REMEDIAL WORK	_	PLUG AND	ABANDON REME	DIAL WORK		ALTERING CASING
TEMPORARILY ABANDON			сомм	ENCE DRILLING OPNS.		PLUG AND ABANDONMENT
PULL OR ALTER CASING]	CHANGE PI	ANS CASIN	G TEST AND CEMENT JOB		
			от	HER		
OTHER Squeeze Cr	mt Peri	fs, reperf & tre	at X			
17. Describe Proposed or Co	mpleted O	perations (Clearly state al	pertinent details, an	d give pertinent dates,	including e	estimated do a of scarting any proposed
work) SEE RULE 1103.						
In order to inc	rease (oil production a	nd reduce wat	er production	nrono	se to squeeze cmt present
		complete Abo zon				
					ianie i .	
		/clean prod wate	r & install B	30P.		·
2. POH w/complet						
		rfs 6169-82' w/1	00 sx LWL cmt	& 50 sx Neat	cmt w/	8# sd/sk. WOC.
· 4. Drill out cm	t & tes	st squeeze job.	•			
5. Spot 1 bbl 13	5% HCL	acaoss interval	to be perf'd	. •		
6. Perforate 609	98-6112	2' w/2 JSPF.				
		ssy, set pkr @ a	pprox 6020'.			
		-6112' w/2000 ga		DAD treatment	w/scal	e inhibitor
		hrs & swab test.			W/ BCal	e innibitor.
o. bhao in appro	J21 12 1	.112 da ma de cot.	netarn to p	Todde tion.		
•				•		
18. I hereby certify that the i	information	above is true and complet	e to the best of my in	.owle.		
SIGNEO	1.12		TITES Dist	. DrlgSupv.		6/25/75
		1	Nibil			•
() V.1	1	line xt				UIN 9 C 1975
APPROVED BY / C	11/	rosser	TITLE SUPER	VISOR, DISTRICT	II	DATE JUN 26 1975
U						

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY Blow Out Preventer Program

Lease Name	Empire Abo Unit "H"
Well No.	30
Location	660' FSL & 1980' FWL
_	Sec 33, T17S, R28E, Eddy Co.

BOP to be tested before installed on well and will be maintained in good working condition during workover. All wellhead fittings to be of sufficient pressure to operate in a safe manner.

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