CEIVED	3	
ATION		
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	1	

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
NOV 9 1977
O. C. C.
ARTESIA, OFFICE

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

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

5. State Oil & Gas Lease No.: B-2071

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: Empire Abo Pressure Maintenance Project

2. Name of Operator: Atlantic Richfield Company ✓

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

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

9. Well No.: 34

4. Location of Well: UNIT LETTER K, 1943.90 FEET FROM THE South LINE AND 1947.25 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 17S RANGE 28E NMPM.

10. Field and Pool, or Wildcat: Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.): 3660' 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 [X]	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 [ ]		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.

Propose to blank off present Abo perfs 6280-6315' and perforate higher in Reef in the following manner:

1. Rig up, kill well, install BOP & POH w/compl assy.
2. Run GR-Corr log PBD 6457' to top of reef.
3. Set CIBP @ 6270' & cap w/cmt.
4. Perforate Abo w/2 JSPF 6224-44'.
5. RIH w/Lok-set pkr on 2-3/8" tbg, set pkr @ 6175'.
6. Acidize Abo perfs 6224-44' w/300 gals 15% HCL, 500 gal 10# CaCl wtr, 500 gal LC, 2000 gals 60/40 DAD, flush w/18 BLC. 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 11/3/77

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE NOV 10 1977

CONDITIONS OF APPROVAL, IF ANY: