

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

L CONSERVATION DIVISIO  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED BY   AUG 23 1983   O. C. D.  ARTESIA, OFFICE </div>
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company ✓	
3. Address of Operator Box 1710, Hobbs, New Mexico 88240	
4. Location of Well UNIT LETTER <u>K</u> , <u>1943.90</u> FEET FROM THE <u>South</u> LINE AND <u>1947.25</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>17S</u> RANGE <u>28E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 3660' GR	

7. Unit Agreement Name Empire Abo Pressure Maintenance Project
8. Farm or Lease Name Empire Abo Unit "G"
9. Well No. 34
10. Field and Pool, or Wildcat Empire Abo
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 <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 <u>Repair Hole in Casing</u> <input checked="" type="checkbox"/>

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.

RU 7/20/83, installed BOP & POH w/compl assy. Set RBP @ 2995' & spot 2 sx sd on BP. Ran CBL & CE logs. Located holes in csg 1493-1556'. Set cmt retr @ 1431' & cmtd holes in csg w/100 sx C1 H cmt cont'g 6/10 of 1% Halad-9, 150 sx C1 H cmt cont'g 3# salt/sk & 150 sx C1 H cmt cont'g 3# salt/sk & 2% CaCl<sub>2</sub>. In 2½ hrs pmpd 200 sx C1 H cmt cont'g 6# sd/sk, 2% CaCl<sub>2</sub>. Final squeeze press 900#. RO 10 sx cmt. WOC. DO cmt retr & cmt to 1650'. Press tested squeeze job to 1000# for 20 mins OK. Ran bit to top of sd, washed out sd & POH w/bit. Rec BP @ 2995'. RIH w/pkr & tbq. Set pkr @ 6165'. Removed BOP & install wellhead. On test 8/1/83 pmpd 4 BO, 169 BW & 89 MCFG. On 24 hr test 8/18/83 pmpd 4 BO, 26 BW & 220 MCFG. GOR 55,000:1. Prior prod: 20 BO, 140 BW & 55 MCFG, GOR 2750:1. Final Report.

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

SIGNED Elizabeth L. Bush TITLE Drlg. Engr. DATE 8/19/83  
Original Signed By  
Leslie A. Clements  
TITLE Supervisor District II DATE AUG 24 1983  
APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: