STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5. State Oil & Gas Lease No.: 647

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.)

RECEIVED
MAR 28 1980
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

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

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

9. Well No.: 38

4. Location of Well
UNIT LETTER C, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 17S RANGE 28E NMPM.

10. Field and Pool, or Wildcat: Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.): 3684' 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 [ ]	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 Squeeze Perfs, Recomplete Higher in Reef & Treat [X]		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 squeeze present Abo perfs and perforate higher in reef & acidize in the following manner:

1. Rig up, kill well, install BOP, POH w/compl assy.
2. RIH w/cmt retr, set retr @ 6230'.
3. Squeeze perfs 6242-6250' w/Cl C cmt w/2% CaCl, amt to be determined. WOC. Pressure test squeeze job to 1500# for 30 mins.
4. Perforate 5½" csg @ 6208-22' w/2 JSPF. Set pkr @ 6178'.
5. Acidize w/500 gals 15% HCL-LSTNE-FE acid.
6. Swab load back, 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 3/27/80

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE MAR 31 1980

CONDITIONS OF APPROVAL, IF ANY: