

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

JAN 11 1979

O. C. C.

ARTESIA, OFFICE

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>

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

7. Unit Agreement Name
Empire Abo Pressure Maintenance Project

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

9. Well No.
331

10. Field and Pool, or Wildcat
Empire Abo

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"/>
--

2. Name of Operator
Atlantic Richfield Company ✓

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

4. Location of Well
UNIT LETTER L, 1140 FEET FROM THE West LINE AND 1580 FEET FROM

THE South LINE, SECTION 34 TOWNSHIP 17S RANGE 28E NMPM.
---

15. Elevation (Show whether DF, RT, GR, etc.)
3667.3' 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	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input type="checkbox"/>

OTHER Squeeze Cmt, Perforate Lower ☒

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.

1. Rig up, install BOP, POH w/compl assy.
2. Squeeze cmt perms 6166-84' w/LWL cmt. Drill out cmt, pressure test, run CBL.
3. Perf Abo 6260-70' w/2 JSPF.
4. Treat perms w/1650 gals 15% HCL-LSTNE-FE acid, 1000 gal gelled 10# CaCl wtr, 1000 gal gelled lease crude.
5. Swab back load, test, run compl assy & 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.

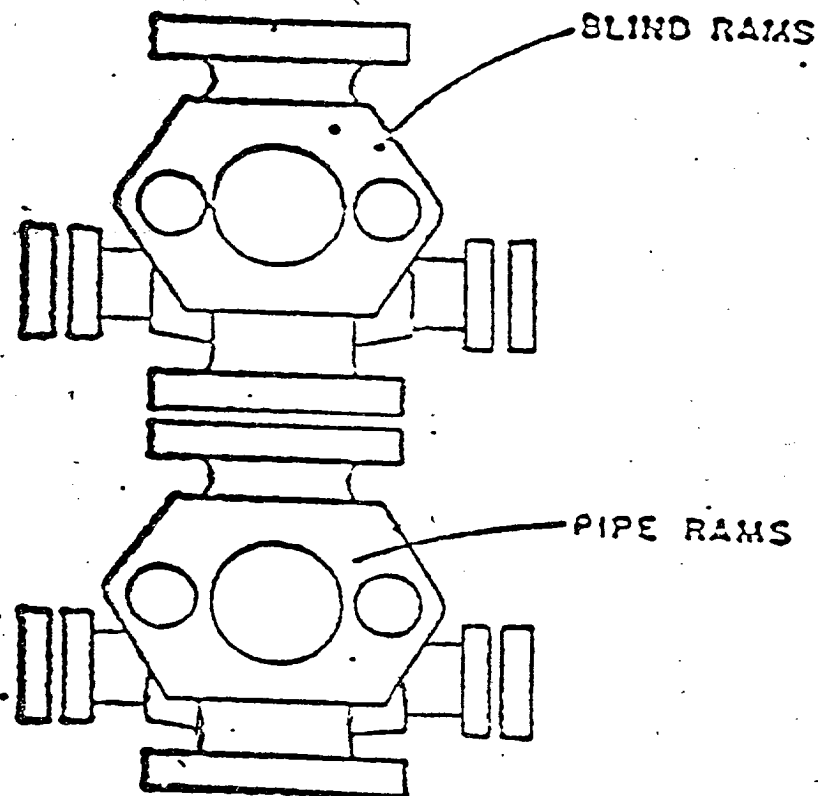
DATE 1/9/79

APPROVED BY [Signature]

TITLE SUPERVISOR, DISTRICT II

DATE JAN 12 1979

CONDITIONS OF APPROVAL, IF ANY:



**ATLANTIC RICHFIELD COMPANY**  
**Blow Out Preventer Program**

**Lease Name** Empire Abo Unit "G"

**Well No.** 331

**Location** 1140' FWL & 1580' FSL  
Sec 34-17S-28E, Eddy County

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