NO. OF COPIES RECEIVED	12	,		Form C-103	
DISTRIBUTION			RECEIVED	Superseder Old	
SANTA FE	]7		NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65	
FILE	17	v			
U.S.G.S.	1		SEP 2 2 <b>1976</b> ,	Su. Indicate Type of	Leuso
LAND OFFICE	1			State X	Fee
OPERATOR	17		o. c. c.	5. State Oil & Gas L	ease No.
	J	اا	ARTESIA, DFFICE		
				mmm	77777777
TOO NOT USE THIS FO	5U.	NDR M FAC	Y NOTICES AND REPORTS ON WELLS		
0'r	" A P I	LICATI	ON FOR PURKET LY (FORM C-101) FOR NUCL PROPOSALS.)	(7777/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7	77777777
			•	7. Unit Agreement 13	Title
OIL X WEL	د لـا		OTHER-		
2. Name of Operator	8. Farm of Lease 11a				
Atlantic Richfie	Empire 33 State Com.				
3. Address of Operator				9. Well No.	
	Hobb	os,	New Mexico 88240	1	
4. Location of Well	10. Field and Pool, or Wildeat				
WALT LETTER K		13	15 FEET FROM THE South LINE AND 1315 FEET FROM	Empire Penn	
			LINE AND FEET FROM	THINK	THITTI
West			TOWNSHIP 17S RANGE 28E	MIIIIIII	
THE	.INE. S	ECTIO	TOY/NSHIP RANGE NMPM.		
THITTHIN THE	777	777	15. Elevation (Show whether DF, RT, CR, etc.)	12. County	<i>`</i> ŦŦ <i>ŦŦŦ</i>
			3668.5' GR	Eddy	
777777777777777777777777777777777777777	777;	777		J.,	77777777
	Che	ck A	ppropriate Box To Indicate Nature of Notice, Report or Otl	ier Data	
NOTIC	CE O	FIN	TENTION TO: SUBSEQUENT	REPORT OF:	
·	_				
PERFORM REMEDIAL WORK	}		PLUG AND ABANDON REMEDIAL WORK	ALTERING	CASING
TEMPORARILY ABAHDON	]		COMMENCE DRILLING OPNS.	PLUG AND /	SANDONMENT
PULL OR ALTER CASING	]		CHANGE PLANS CASING TEST AND CEMENT JQB X SU		
-	_		OTHER		
OTHER			. [		
17. Describe Proposed or Co work) SEE RULE 1103.	mplete	d Ope	rations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of start	ing any proposed
EUTAY SEE NOLE 1103.					
Ran 511.05 32.5	0# I	<del>1</del> –40	7:00 PM 9/16/76. Finished drlg 13-3/4" hole to 7 on btm, followed by 169.58' 40.50# H-40 csg, set	@ 700'. FC @	639',
fs on bottom.	mica.	TU-	3/4" csg w/260 sx C1 C, 4% gel, 6# salt/sk, 2% Ca	CI, 4# celloil	ake/sk
10110wed by 150	SX (	JI O	, 2% CaCl. Plug down @ 3:15 AM 9/18/76. Circ 12	sx to suri.	WOC 27
nrs. Pressure t	este	ed T	0-3/4" csg to 1000# for 30 mins, tested OK. Resu	med drlg forma	ition @
10:00 AM 9/19/76	•				
				• .	
			·		
8. I hereby certify that the in	format	lon a	bove is true and complete to the best of my knowledge and belief.		
(					
	)75	27.	Dist. Drlg. Supv.	DATE 9/20/7	'6
IENCD		1/1	Alice Dipe. Dirk. puh.	DATE 3/40/1	
L, L.	//	2	,		
1,10.	¥	1.	100 X	SEP 00 10	97 <b>c</b>
PPROVED BY	*	Care	THE SUPERVISOR, DISTRICT, IL	MSEP 221	J/ <b>O</b>

ONDITIONS OF APPROVAL, IF ANYI