		2]					Form C .	107		
NO. OF COPIES RECEIVED		2					Form C+ Supersed	les Old		
DISTRIBUTION NEW MEXICO					ERVATION COMMISS	C-102 ar Effective	nd C-103 • 1-1-65			
FILE	17	2			RECE	IVED				
U.S.G.5.					•			Type of Lea		
LAND OFFICE					AUG 17	1978	State X		Fee	
OPERATOR	1				HUUII	1070		& Gas Lease		
								9, 647-3		
DO NOT USE THIS	SU SE SE SE	NDRY	Y NOTICES AND REP ON FOR PERMIT (FORM C	NRTS ON	WELLS LJ. L H PROPOSALS.	OFRICE				
1.								ement Name Abo Pres		
	AS		OTHER-			-	Mainten	ance. Pro	iect	
2. Name of Ciperator						•	1	_ease Name		
Atlantic Richfield Company								Empire Abo Unit "H"		
3. Address of Operator								302		
P. O. Box 1710, Hobbs, New Mexico 88240								10. Field and Pool, or Wildcat		
		10	50	Couth	1025		Empiro	Abo		
UNIT LETTERNFEET FROM THE SOUTH LINE ANDFEET FROM THE West LINE, SECTION TOWNSHIPRANGERANGENMPM.								111111		
								HHHH		
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IIIIIIIIIII)	1111	$\langle \rangle \rangle$	15. Elevation (S)				12. County		HHHHH	
<u>illulululul</u>	7111,	$\overline{7}\overline{1}$		0.9' G			Eddy			
10.			Appropriate Box To I	idicate N		-				
NO	TICE)F IN	ITENTION TO:		9	SUBSEQUEN	T REPORT	OF:		
· · · · · · · · · · · · · · · · · · ·	Ĺ,		PLUG AND A		REMEDIAL WORK			ALTERING CAS		
PERFORM REMEDIAL WORK	H		PLUG AND A		COMMENCE DRILLING OF			PLUG AND ABAI		
TEMPORARILY ABANDON Pull or Alter Casing	H		CHANGE PLA	is 🗌	CASING TEST AND CEME					
				<u> </u>	OTHER					
OTHER			<u></u>							
		ted Op	erations (Clearly state all p	ertinent det	ails, and give pertinent	dates, includin	g estimated da	te of starting	any proposed	
work) SEE RULE 110		• 30	PM 8/7/78. Finis	had dr	1 a 11" holo to	7501 0 0	. 1.5 AM Q/	o/70 n	оти/	
			FC @ 686', csg se							
			mt cont'g 6# sali							
sx cmt to pit. WOC $12-1/2$ hrs. The cement compressive strength criterion is furnished for cmtg in accordance w/Option 2 of the Oil Conservation Commission Rules & Regulations.										
			ry was 613 cu ft			owed by 1	132 cu ft	of Cl C	C cmt	
_			CaCl. Circ 60 d		-) -				
			ature of cmt slum ation temperature							
			ength at time of				•			
			place prior to a							
			j. L							
Commenced drlg no	ew fm	@2	:15 AM 8/9/78.							
18. I hereby certify that t	he infor	mation	above is true and complete	to the best	of my knowledge and be	lief.	<u></u>	<u></u>		
· · · · · · · · · · · · · · · · · · ·		<u> </u>								
SIGNED		<u></u>		TITLE D	ist. Drlg. Supt	•	DATE	8/14/7	78	
. 11/	D.K	1	1 At					AUC 1	9 1070	
APPROVED BY	24	res	ser	TITLE	SUPERVISOR, DIST		DATE	AUG 11	0 13/0	
CONDITIONS OF APPRO	DVAL, I	F ANY	:							