

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
647-368, 647-363, 647-320

SUNDY 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

OIL WELL ☒ GAS WELL ☐ OTHER ☐

MAY 11 1979

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

O. C. C.

7. Unit Agreement Name
Empire Abo Pressure Maintenance Project

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

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

ARTESIA, OFFICE

9. Well No.
353

4. Location of Well
UNIT LETTER J, 1420 FEET FROM THE South LINE AND 2050 FEET FROM
THE East LINE, SECTION 34 TOWNSHIP 17S RANGE 28E NMPM.

10. Field and Pool, or Wildcat
Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.)
3663.8' GR

12. County
Eddy

10. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PUMP OR ALTER CASING ☐
OTHER ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
Surface

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.

Spudded 11" hole @ 3:00 PM 5-6-79. Drld to 752' @ 10:15 AM 5-7-79. RIH w/8-5/8" OD 24# K-55 8rd csg set @ 752'. FC set @ 670'. Cmtd 8-5/8" OD csg w/350 sx Thik-set cmt, 12# Gilsonite/sk, 1/4# Flocele/sk, 2% CaCl, 100 sc Cl C Cmt w/2% CaCl. Circ cmt to surf. Circ 50 sx cmt to pit. PD @ 2:40 PM 5-7-79. WOC 18 hrs. Pressure tested csg to 1500# for 30 mins. OK.

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 5-9-79

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE MAY 11 1979

CONDITIONS OF APPROVAL, IF ANY: