STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 4 1979

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

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

5. State Oil & Gas Lease No.: 647-364

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name: Empire Abo pressure Maintenance Project

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

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

3. Address of Operator: Box 1710, Hobbs, N.M. 88240

9. Well No.: 336

4. Location of Well
UNIT LETTER E, 2000 FEET FROM THE North LINE AND 1000 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 17S RANGE 28E NMPM.

10. Field and Pool, or Wildcat: Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.): 3668.1' 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. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X] Surf Csg	
OTHER [ ]		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.

Spudded 11" hole @ 4:45 PM 5/24/79. Fin drlg 11" hole to 750' @ 12:15 PM 5/25/79. RIH w/8-5/8 OD 24# K-55 csg, set @ 750'. Cmtd 8-5/8" OD csg w/350 sx Thik-set cmt w/3% CaCl, ¼# flocele, 12# Gilsonite/sk, followed by 100 sx Cl C cmt w/2% CaCl. PD @ 4 PM 5/28/79. Cmt circ to surf. Circ 100 sx cmt to pit. WOC 18 hrs. Drld FC & pressure tested csg to 1500# 30 mins OK.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED T. W. Lee TITLE Dist. Drlg. Supt. DATE 5/31/79

APPROVED BY W. A. Gressett TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: