STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5. State Oil & Gas Lease No.: E-5313

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.)

RECEIVED
AUG 20 1979
O. C. D.
ARTESIA, OFFICE

7. Unit Agreement Name: Empire Abo Pressure Maintenance Project

1. OIL WELL [X] GAS WELL [ ] OTHER-

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

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

9. Well No.: 16

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

10. Field and Pool, or Wildcat: Empire Abo

4. Location of Well
UNIT LETTER P, 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 18S RANGE 27E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3574.4' GR

12. County: Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER Squeeze Abo & Perf, Complete Lower in Abo Reef [ ]

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.

RU 1/17/79, killed well, inst BOP & POH w/compl assy. RIH w/cmt retr, set retr @ 5925'. Pmp 150 sx Cl C cmt w/.6% Halad-9 followed by 50 sx Cl C Neat. RO 2 bbls cmt. WOC. DO retr @ 5929' & hard cmt to 6020'. Pressure tested csg to 1500# 30 mins OK. Ran CBL. Perf'd Abo 6094-6104' w/4 JSPF. RIH w/pkr on 2-3/8" OD tbg, set pkr @ 6056'. Acidized Abo perfs 6094-6104' w/150 gals 15% HCL, 1000 gal 10# CaCl wtr, 1000 gal LC, 1500 gals 15% HCL, flushed w/25 BO. Swbd 3 hrs, rec 32 BLO & 0 BW. Inst pmpg equip. On 24 hr test 7/2/79 pmpd 80 BO & 1 BW & 156 MCFG, GOR 1950:1. Final Report.

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 8/16/79

APPROVED BY [signature] TITLE SUPERVISOR, DISTRICT II DATE AUG 21 1979

CONDITIONS OF APPROVAL, IF ANY: