## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NE, OF COPILS ACCTIVED		
DISTRIBUTION	1	
SANTA FE	1	
PILE	1	1
U.S.G.S.		
LAND OFFICE		<u> </u>
OPERATOR .		

## OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2088

Form C-103 Revised 10-1-7

SANTA FE, NEW MEXICO 8	37501		
FILE V	<b>441</b> 21 % d	sa. Indicate Type of Le	ose
U.S.O.S.	- 7	State X	Fee 🔙
LAND OFFICE	Q). C. B.	5. State Oil & Gas Leas	se No.
OPERATOR .	FRESHA, ODRIGE		
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PERMITS — TO DELEPEN OR PLUG BACK TO A DIFFER  USE "APPLICATION FOR PERMITS —" FORM C-101) FOR SUCH PROPOSALS.)			
USC AFFELDATION CONT.		7. Unii Agreement Name	?
OIL OTHER. Salt Water Disposal		Empire Abo Un	it
Name of Operator APCO OTL AND CAS COMPANY		8. Farm or Lease Name	
ARCO OIL AND GAS COLLEANT	;	Empire Abo Un	<u>it"/"</u>
Division of Atlantic Richfield Company		9. Well No.	
	İ	6	
P. O. Box 1710 Hobbs, New Mexico 88240		10. Field and Pool, or	Wildcat
(. Location of We!!	1650	Empire Abo	
UNIT LETTER Name 990 FEET FROM THE SOUTH LINE AND	TODO FEET FROM	mmm	TTTTT
THE West LINE, SECTION 16 TOWNSHIP 185 RANGE	27Е нмрм.		
15. Elevation (Show whether DF, RT, GR, e	tc.)	12. County	
DF 3435		Eddy	
Check Appropriate Box To Indicate Nature of No.	rtice, Report or Oth	ier Data	
NOTICE OF INTENTION TO:	SUBSEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	RK	ALTERING CA	_
TEMPORARILY AEAMOON	AND CEMENT JOB		
PULL DR ALTER CASING CHANGE PLANS CASING TEST	Temporarily Aban	idon	Īx
OTHER	<u> </u>		
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 1903.

Set CIBP @ 2981.31 Circulate back to surface with 8.6# Brine and WT-675 chemical. Close in csg. pressure up to 500#. Held for 20 minutes. No pressure loss. POH with TBG and close valves. TA pending evaluation of well Effective 1-13-88.

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is. I hereby certify that the information above is true and complete to the	best of my knowledge and belief.	
iB. I hereby certify that the information above is true and complete to the		
		January 20, 1988
	Services Supervisor	DATE January 20, 1988
SICHED fly Caple TITLE		January 20, 1988
Original Signed By		DATE
Original Signed By Mike Williams	Services Supervisor	JAN 2 1 1988
Original Signed By	Services Supervisor	DATE