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RECEIVED NEW MEXICO OIL CONSERVATION COMMISSION

JAN 29 1979

O. C. C.

ARTESIA OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-11539
7. Unit Agreement Name Empire Abo Pressure Maintenance Project
8. Farm or Lease Name Empire Abo Unit "I"
9. Well No. 30
10. Field and Pool, or Wildcat Empire Abo
12. County Eddy

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Atlantic Richfield Company
3. Address of Operator Box 1710, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER <u>C</u> <u>330</u> FEET FROM THE <u>North</u> LINE AND <u>1675</u> FEET FROM THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>18S</u> RANGE <u>28E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3671' DF

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 Squeeze & Complete Lower in Reef ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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..

1. Rig up, kill well, install BOP, POH w/compl assy.
2. Set cmt retr @ 6100'. Squeeze cmt perfs 6139-6173' w/LWL cmt. WOC.
3. Drill out cmt & cmt retr @ 6100', cmt & retr @ 6185', RBP @ 6254', run bit to 6295'.
4. Run cmt retr, set retr @ 6260' & squeeze perfs 6265-91' w/LWL cmt.
5. Perforate Abo 6240-50' w/2 JSPF.
6. Treat perfs 6240-50' w/150 gals 15% HCL-LSTNE-FE acid, 1000 gals gelled 10# CaCl wtr, 1000 gal gelled LC, 1500 gal 15% HCL-LSTNE-FE acid.
7. Swab back load & test. Run compl assy & return to production.

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

SIGNED Adrian Lane

TITLE Dist. Drlg. Supt.

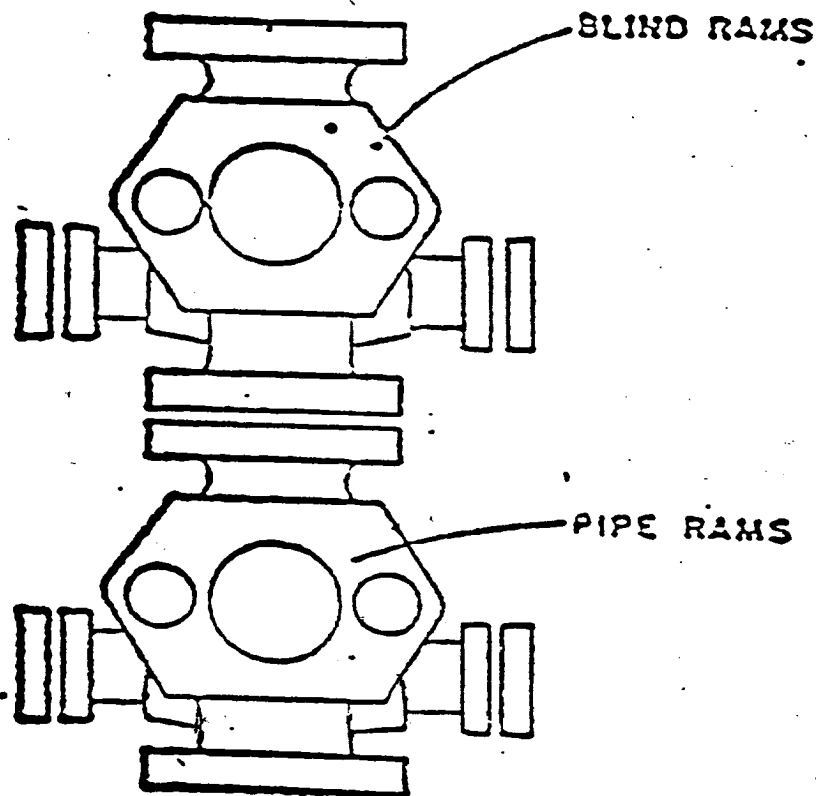
DATE 1/26/79

APPROVED BY W.A. Gussitt

TITLE SUPERVISOR, DISTRICT II

DATE JAN 30 1979

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "I"

Well No. 30

Location 330' FNL & 1675' FWL
Sec 4-18S-28E, Eddy County

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.