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
AUG 15 1979
O. C. C.
ARTESIA, OFFICE

Form C-103
Revised 10-1-73

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

5. State Oil & Gas Lease No.: B-2029

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.)

7. Unit Agreement Name: Empire Abo Pressure Maintenance Project

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

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

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

9. Well No.: 29

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

10. Field and Pool, or Wildcat: Empire Abo

4. Location of Well
UNIT LETTER D, 663.5 FEET FROM THE North LINE AND 550.3 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 18S RANGE 28E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3661.8' 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. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Squeeze Cmt & Complete Lower in Abo [X]		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.

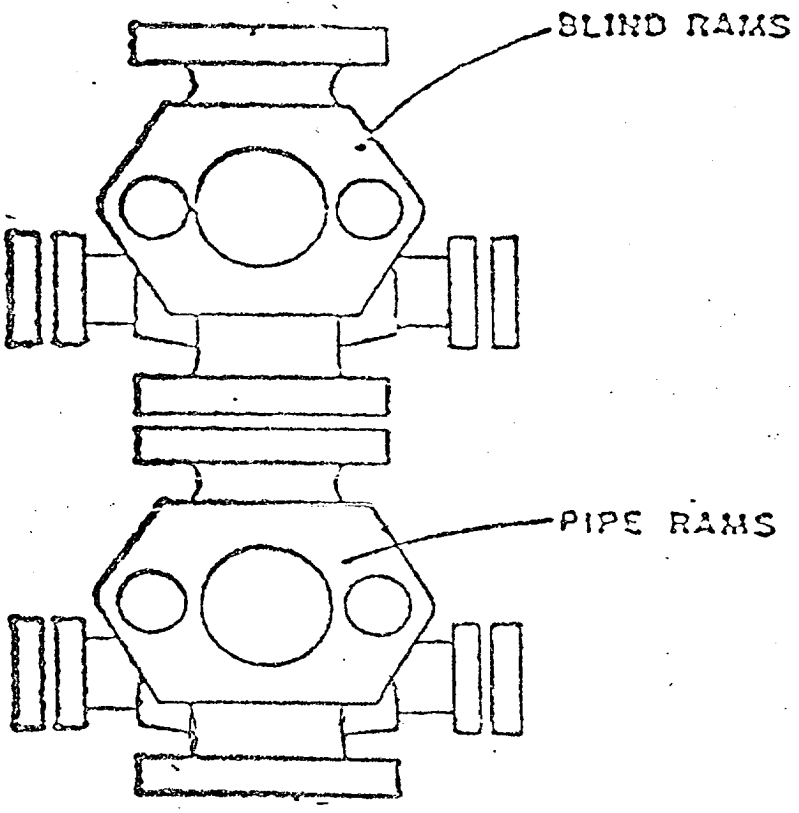
1. Rig up, kill well, install BOP, POH w/compl assy.
2. RIH w/cmt retr. Set @ approx 6120', squeeze cmt Abo perfs 6124-6152' w/100 sx LWL cmt followed by 50 sx Cl C cmt w/2% CaCl. WOC.
3. Drill out cmt & cmt retr. Press test squeeze job to 1500# for 30 mins.
4. Perforate Abo lower 6216-6226' w/2JSPF.
5. Acidize perfs 6216-6226' w/150 gals 15% HCL-LSTNE-FE acid, 1500 gals gelled 10# CaCl wtr, 1500 gals gelled LC, 1500 gals 15% HCL-LSTNE-FE acid.
6. Swab 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 [signature] TITLE Dist. Drlg. Supt. DATE 8/13/79

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE AUG 16 1979

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "I"

Well No. 29

Location 663.5' FNL & 550.3' 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. A wellhead fittings to be of sufficien pressure to operate in a safe manner