NO. OF COPIES RECEIVED]_	Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE /	NEW MEXICO OIL CONSERVATION VOLUIDON	Effective 1-1-65
FILE / L		
U.S.G.S.	OCT 6 1975	5a. Indicate Type of Lease
LAND OFFICE	0 10/ 3	State X Fee
OPERATOR /	D. C. C.	5. State Oil & Gas Lease No.
	SATESIA. DEFIOR	B-7244
(DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS ON WELL'S OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
L. OIL X GAS WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Atlantic Richfield Company 3. Address of Operator		Empire Abo Unit "L"
		9. Well No.
P. O Box 1710, Hobbs, New Mexico 88240 4. Location of Well		151
		10. Field and Pool, or Wildcat
UNIT LETTER	10 FEET FROM THE South LINE AND 1322 FEET FRO	Empire Abo
THE East LINE, SECTION 2 TOWNSHIP 18S RANGE 27E NMF		
THELINE, SECTI	ION TOWNSHIP TOD RANGE Z T E NMPH	~ <i>(</i>
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3555.4' GR	Eddy
16. Check	Appropriate Box To Indicate Nature of Notice, Report or O	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. \overline{X}	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS \square CASING TEST AND CEMENT JQB $[\overline{X}]$ S	urf Casing
•	OTHER	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 1103.		
@ 4:30 AM 9/26/75. R 8-5/8" csg w/400 sx C w/2% CaCl, 6# salt. O'-50' w/4 yds Redi-m	15 PM 9/22/75. Lost circulation @ 90'. Finish an 24 jts 8-5/8" OD 24# K-55 csg w/FS & FC. Cs 1 C $\mathbf{w}/4\%$ gel, 6# salt, $\frac{1}{4}$ # celloflake, 2% CaCl, PD @ 10:40 AM 9/26/75. Tagged TOC @ 50' FS w/Wix. WOC 18 $\frac{1}{2}$ hrs. Drld plug & pressure tested OK. Commenced drlg formation @ 6:15 AM 9/27/75	g set @ 1016'. Cmtd followed by 200 sx Cl C L. Cmtd 8-5/8" OD csg 8-5/8" OD csg to 1000#
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18. I hereby certify that the information	n above is true and complete to the best of my knowledge and belief.	
The state of the s	12 tile and complete to the ocal of my knowledge and penel.	

TITLE Dist. Drlg. Supv.

SUPERVISOR, DISTRICT I

____ DATE ___10/2/75

DATE UCT 6 1375