

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease	
State ☒	For ☐
5. State Oil & Gas Lease No.	
B-7244	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	
Name of Operator ARCO Oil and Gas Company	
Division of Atlantic Richfield Company	
2. Address of Operator	
Box 1710, Hobbs, New Mexico 88240	
3. Location of Well	
UNIT LETTER <u>0</u> <u>1110</u> FEET FROM THE <u>South</u> LINE AND <u>1322</u> FEET FROM	
THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>18S</u> RANGE <u>27E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
3554.4' GR	

7. Unit Agreement Name
8. Farm or Lease Name
Empire Abo Unit "L"
9. Well No.
151
10. Field and Pool, or Wildcat
Empire Abo
12. County
Eddy

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
OTHER <u>Squeeze Perfs, Complete Lower in Reef</u> ☒			

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.

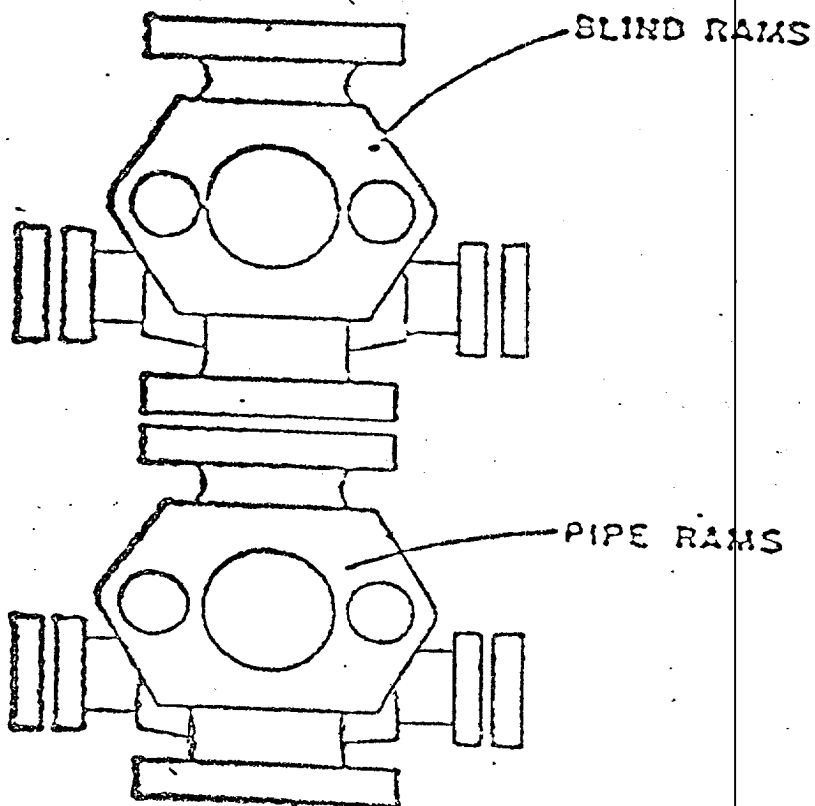
1. Rig up, kill well, install BOP, POH w/compl assy.
2. Run & set cmt retr @ 6060'.
3. Squeeze cmt perfs 6102-18' w/C1 C cmt w/2% CaCl.
4. Drill out squeeze job & retr. Press test to 1500# for 30 mins.
5. Perforate 5 1/2" csg 6160-70' w/2 JSPF.
6. Run pkr, set @ 6140'.
7. Treat perfs w/1650 gals 15% HCL-LSTNE-FE acid, 1000 gals gelled CaCl wtr, 1000 gals gelled LC, flush w/LC.
8. Reset pkr @ 6085'. Swab test, 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 3/27/80

APPROVED BY [Signature] SUPERVISOR [Signature] DATE MAR 31 1980

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "L"

Well No. 151

Location 1110' FSL & 1322' FEL
Sec 2-18S-27E, 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.