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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 3 1975

O. C. C.

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
647

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"/>	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name Empire Abo Unit "J"
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 231
4. Location of Well UNIT LETTER G, 1361 FEET FROM THE North LINE AND 2531 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 18S RANGE 28E NMPM.	10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3654.4' GR	12. County Eddy


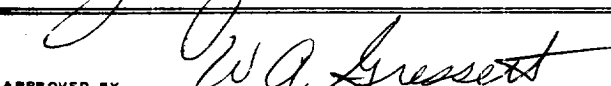
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> Surface	OTHER <input type="checkbox"/>

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.

Spudded 11" hole @ 12:00 noon 9/24/75. Lost circ @ 202'. Finished 11" hole to 1001' @ 3:15 AM 9/25/75. Ran 25 jts 8-5/8" OD 24# K-55 csg set @ 1001' w/FC @ 959'. Cmted w/400 sx Cl C w/4% gel, 2% CaCl, 6# Salt/sk. & 1# celloflake/sk. Followed by 200 sx Cl C cmt w/2% CaCl & 6# salt/sk. Plug down 10:40 PM 9/25/75. Ran temp survey & found TOC @ 165' FS. Cmted 8-5/8" OD csg 0'-165' w/6 yds Redi-mix. WOC 72 hrs. Commenced drlg formation @ 10:45 PM 9/28/75. Press tested csg to 1000# for 30 mins, tested OK.

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

SIGNED 	TITLE Dist. Drlg. Supv.	DATE 10/1/75
APPROVED BY 	TITLE SUPERVISOR, DISTRICT	DATE
CONDITIONS OF APPROVAL, IF ANY:		