STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: E-5313

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-

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

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

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

9. Well No.: 131

4. Location of Well
UNIT LETTER M, 100 FEET FROM THE South LINE AND 100 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 18S RANGE 27E NMPM.

10. Field and Pool, or Wildcat: Empire Abo

15. Elevation (Show whether DF, RT, GR, etc.): 3529.2' 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 perfs, Perf, Treat Lower in Reef [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.

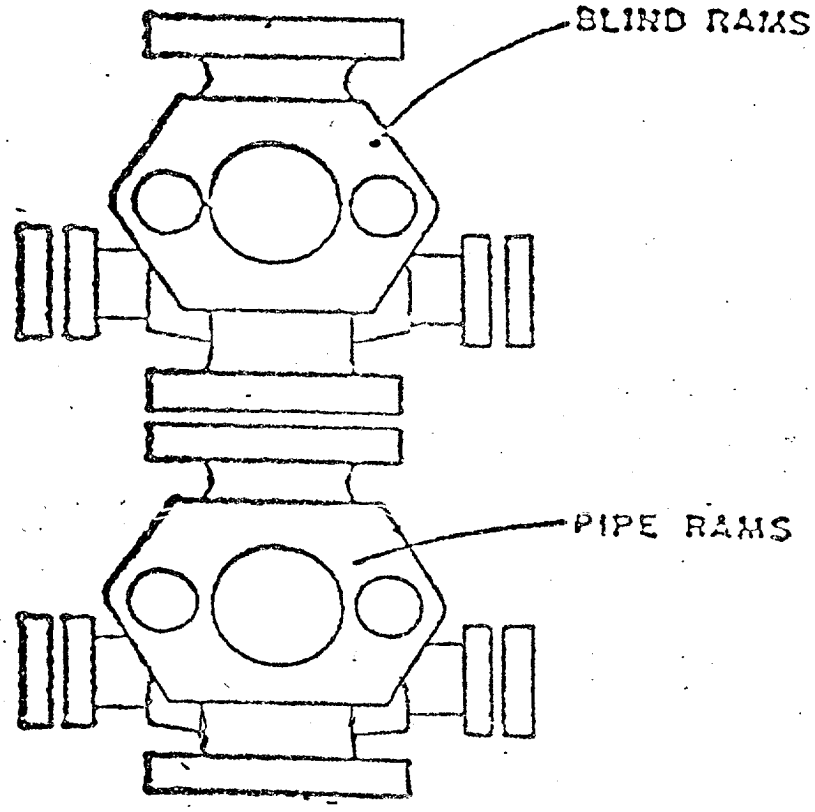
1. Rig up, kill well, install BOP, POH w/tbg.
2. RIH w/cmt retr, set retr @ approx 5960'.
3. Squeeze perfs 5998-6012' w/100 sx LWL & 50 sx Cl C w/2% CaCl. WOC.
4. Drill out cmt. Pressure test csg to 1000# for 30 mins.
5. Drill out retr & CO to 6125'.
6. Perf Abo 6104-6114' w/2 JSPF. Run compl assy.
7. Treat perfs 6104-14' w/150 gals 15% HCL-LSTNE-FE acid, 2000 gals gelled CaCl wtr, 2000 gals gelled CaCl wtr, 2000 gals gelled LC, 1500 gals 15% HCL-LSTNE-FE acid, flush to top of perfs w/LC.
8. 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 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 "L"

Well No. 131

Location 100' FSL & 100' FWL
Sec 2-18S-27E, Eddy County

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