

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

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JAN - 9 1980

5a. Indicate Type of Lease State ☒ For ☐
5. State Oil & Gas Lease No. E-5313
7. Unit Agreement Name Empire Abo Pressure Maintenance Project
8. Farm or Lease Name Empire Abo Unit "L"
9. Well No. 131
10. Field and Pool, or Whdcat Empire Abo
12. County Eddy

SUNDY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO AQUIFER, RESERVOIR, OR TO ABANDON A WELL. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company
3. Address of Operator Box 1710, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER M 100 FEET FROM THE South LINE AND 100 FEET FROM West LINE, SECTION 2 TOWNSHIP 18S RANGE 27E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3529.2' GR

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	
OTHER Squeeze Cmt Perfs, Perf, Treat Lower in Reef ☒	

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.

RU, killed well, installed BOP, POH w/compl assy. Set retr @ 5942'. Squeeze cmtd perfs 5998-6012' w/100 sx LWL cmt w/.6% of 1% Halad-9, 50 sx C1 C, 2% CaCl. RO 97 sx cmt. WOC. Drld retr & cmt @ 5942'. Drld retr @ 6127'. Ran CBL. Perf'd Abo 6104-6114' w/2 JSPP. Set pkr @ 6022'. Pmpd 1750 gals gelled CaCl wtr, 2000 gals gelled LC, 1500 gals LSTNE-FE acid, 1000 gals LC flush. Swbd & flwd back load. Ran rods & pump. On 22 hr test 1/2/80 pmpd 107 BO, 5 BW & 135 MCFG, 12-86" spm, GOR 1261:1. Final Report.

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 1/7/80

APPROVED BY *[Signature]*

TITLE SUPERVISOR, DISTRICT H

DATE JAN 10 1980

CONDITIONS OF APPROVAL, IF ANY: