

|              |  |  |
|--------------|--|--|
| DISTRIBUTION |  |  |
| SALE AREA    |  |  |
| FILE         |  |  |
| U.S.G.S.     |  |  |
| LAND OFFICE  |  |  |
| OPERATOR     |  |  |

# NEW MEXICO OIL CONSERVATION COMMISSION

Supp. to Ord.  
C-102 and C-103  
Effective 1-1-65

RECEIVED

NOV - 6 1978

5a. Indicate Type of Lease Fed  
State ☒ ☐  
5. State Oil & Gas Lease No.

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-  
2. Name of Operator  
Atlantic Richfield Company  
3. Address of Operator  
P.O. Box 129 Artesia, New Mexico 88210  
4. Location of Well  
UNIT LETTER D 1300 FEET FROM THE North LINE AND 1220 FEET FROM  
THE West LINE, SECTION 10 TOWNSHIP 18S RANGE 27E NMPM.  
15. Elevation (Show whether DP, RT, GR, etc.)  
1307.7 GL

7. Unit Agreement Name  
Empire Abo Unit  
8. Farm or Lease Name  
EAU "M"  
9. Well No.  
901  
10. Field and Pool, or Wildcat  
Empire Abo  
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 <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 type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> |                                               |

Piping braden head to surface.

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.

Piping braden head to surface.

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

SIGNED B. H. Smith TITLE Dist. Prod. Supervisor DATE 10-31-78

APPROVED BY B. W. Weaver TITLE Field Rep DATE 11-8-78