NO. OF COPIES RECEIVED		2		Form C-103	
DISTRIBUTION				Supersedes Old C-102 and C-103	
SANTA FE	1		NEW MEXICO OIL CONSERVATION COMISSION ED	Effective 1-1-65	
FILE	1	1		5a. Indicate Type of Lease	 7
u.s.g.s.			0.50.04.4030	I 1 770	$\cdot \sqcap \mid$
LAND OFFICE	ļ,_	<u> </u>	DEC 21 1978	5. State Oil & Gas Lease No.	
OPERATOR		<u> </u>	J	B-7244-30	
(DO NOT USE THIS FO					
OIL X GAS WELL	7. Unit Agreement Name Empire Abo Pressure Maintenance Project 8. Farm or Lease Name				
Name of Operator Atlantic Rich	Empire Abo Unit "L"				
3. Address of Operator	9. Well No.				
P.O. Box 1710	142				
4. Location of Well	Thursday Alba				
UNIT LETTER N					
THE West	LINE,	SECT	10N 2 TOWNSHIP 18S RANGE 27E NMPM.		
	III	11	15, Elevation (Show whether DF, RT, GR, etc.)	12. County	11112
		///	3555.6' GR	Eddy	777777
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data					
поті	CE)F	NTENTION TO: SUBSEQUENT	REPORT OF:	
<u></u>	_				
PERFORM REMEDIAL WORK	╡		PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. X	ALTERING CASING PLUG AND ABANDONM	
TEMPORARILY ABANDON	╡		CHANGE PLANS CASING TEST AND CEMENT JOB X SI		
PULL OR ALTER CASING			OTHER		🗆
OTHER					
			Clearly state all persinent details and give pertinent dates, including	estimated date of starting any I	proposed
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 1703.					
Spudded 11" hole @ 6:00 PM 12-13-78. Lost circ @ 140'. Finished 11" hole to 1000' @ 6:00 PM 12-14-78. RIH w/8-5/8" OD 24# K-55 csg set @ 1000'. FC @ 916'. Cmtd 8-5/8" OD csg w/300 sx thick-set, 1/4# Flocele/sk 10# gel/sk, 2% Ca Cl followed by 300 sx HL cmt, 1/4# Flocele/sk, 10# gel/sk, 2% Ca Cl and 200 sx Cl C Cmt Cont'g 2% Ca Cl. PD @ 2:00 AM 12-15-78. Cmt did not circ. Ran survey, TOC @ 70' fr surf. Ran 1" pipe to 70' cmtd 70' to surf w/170 sx Cl C Cmt Cont'g 3% Ca Cl. Circ 25 sx. Finished circ cmt @ 10:30 AM 12-15-78. WOC 20-1/2 hrs. Pressure tested csg to 1000# for 30 mins. Tested OK.					
			,		
is. I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNED TO STATE	7	ار ترج	TITLE Dist. Drlg. Supt.	12-20-78	
For By	eo _r	go	SUPERVISOR, DISTRICT II	DEC 2 7 19	378

CONDITIONS OF APPROVAL, IF ANY

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