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NEW MEXICO OIL CONSERVATION COMMISSION

JAN 2 1979

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

O. C. C.

ARTESIA, OFFICE

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 Empire Abo Pressure Maintenance Project
2. Name of Operator Atlantic Richfield Company ✓	8. Farm or Lease Name Empire Abo Unit "I"
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 251
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>150</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>18S</u> RANGE <u>28E</u> NMPM.	10. Field and Pool, or Wildcat Empire Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3673.8' 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"/>	

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 @ 7:15 PM 12/22/78. Drld to 745'. RIH w/8-5/8" OD 24# K-55 csg, set @ 745'. Cmt'd 8-5/8" OD csg w/200 sx Lite wt cmt cont'g 5#/sk salt, 1/4# flocele/sk, followed by 200 sx C1 C cmt cont'g 2% CaCl. BP @ 3:30 AM 12/23/78. Circ 85 sx cmt to surf. WOC 63-1/2 hrs. Pres. tstd csg to 1000# 30 mins OK. Commenced drlg new fm @ 7:00 PM 12/25/78.

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 12/19/78
APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE JAN 3 1979
CONDITIONS OF APPROVAL, IF ANY: