

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

JAN 11 1979

O.C.G.

SUNDRY NOTICES AND REPORTS FROM FIELD OFFICE

(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.)

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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. 16	
10. Field and Pool, or Wildcat Empire Abo	
12. County Eddy	

1. OIL WELL GAS WELL OTHER

2. Name of Operator
Atlantic Richfield Company

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

4. Location of Well
UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM
THE East LINE, SECTION 2 TOWNSHIP 18S RANGE 27E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3574.4' GR

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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <u>Squeeze Abo & Perf, Complete Lower in Reef</u> <input checked="" type="checkbox"/>		OTHER _____ <input 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.

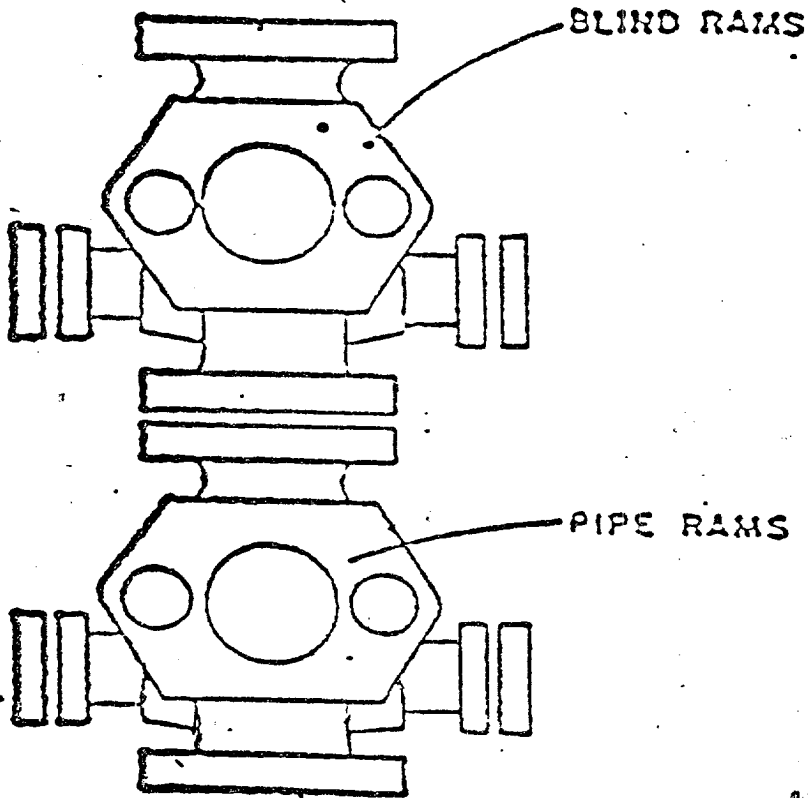
1. Rig up, kill well, install BOP & POH w/compl assy.
2. Squeeze cmt perms 5980-6020' w/LWL cmt. WOC.
3. Drill out cmt & pressure test squeeze job. Run CBL.
4. Perforate Abo 6094-6104' w/2 JSPF.
5. Acidize Perfs 6094-6104' w/1650 gals 15% HCL-LSTNE-FE, 1000 gal 10# CaCl wtr, 1000 gal gelled LC.
6. Swab back load, run compl assy & 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 1/9/79

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE JAN 12 1979

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "L"

Well No. 16

Location 660' FSL & 660' FEL
Sec 2-18S-27E, Eddy County

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