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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUL 29 2009

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State ☒	For ☐

5. State Oil & Gas Lease No.

E-7832

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.)OIL
WELL ☒GAS
WELL ☐OTHER ☐

MAR 8 - 1979

Name of Operator

Atlantic Richfield Company

Address of Operator

Box 1710, Hobbs, New Mexico 88240

Location of Well

UNIT LETTER A, 1200 FEET FROM THE North LINE AND 1200 FEET FROM
THE East LINE, SECTION 34 TOWNSHIP 17S RANGE 28E NMPM.7. Unit Agreement Name
Empire Abo Pressure
Maintenance Project

8. Farm or Lease Name

Empire Abo Unit "E"

9. Well No.

362

10. Field and Pool, or Wildcat

Empire Abo

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

3675.9' 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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐PLUG AND ABANDON ☐
CHANGE PLANS ☐OTHER ☐REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒OTHER ☐ALTERING CASING ☐
PLUG AND ABANDONMENT ☐Surface ☒

7. 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 @ 11:30 AM 3/2/79. Fin 11" hole to 750' @ 11:30 AM 3/2/79. RIH w/8-5/8" OD 24# K-55 csg, set @ 750'. Cmdt 8-5/8" OD csg w/350 sx Thik-set & 100 sx C1 C, 2% CaCl. PD @ 1:00 AM 3/3/79. WOC 6 hrs. Ran temp survey, TOC @ 120' FS. Cmdt thru 1" pipe 120' to surf w/200 sx C1 C Neat cmt. WOC 18-1/2 hrs. Press tstd csg to 1000# 30 mins OK.

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

SIGNED

Dist. Drlg. Supt.

DATE

3/6/79

APPROVED BY

TITLE

SUPERVISOR, DISTRICT II

DATE

MAR - 8 1979

CONDITIONS OF APPROVAL, IF ANY: