STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease — State [X] Fee [ ]

5. State Oil & Gas Lease No. 647

## 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.)

RECEIVED
AUG 11 1980
O. C. D.
ARTESIA, OFFICE

7. Unit Agreement Name

1. OIL WELL [X] GAS WELL [ ] OTHER-

8. Farm or Lease Name: Empire Abo Unit "D"

2. Name of Operator: ARCO Oil & Gas Company
Division of Atlantic Richfield Company

9. Well No. 38

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

10. Field and Pool, or Wildcat: Empire Abo

4. Location of Well: UNIT LETTER N, 330 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 26, TOWNSHIP 17S, RANGE 28E, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3681' GR

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 [ ] | PLUG AND ABANDON [ ] | REMEDIAL WORK [ ] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER Resqueeze Abo perfs w/ cmt [X] | | OTHER [ ] | |

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.

Propose to resqueeze Abo perfs 6158-6170' in the following manner:

1. Rig up, kill well, install BOP. POH w/ comp assy.
2. Set RBP @ approx 6185'. Spot sd on top of BP.
3. Set cmt retr @ approx 6140'. Resqueeze perfs 6158-70' w/ 120 sx of Cl "C" cmt cont'g 2% CaCl. WOC.
4. Drill out retr & cmt. Pressure test squeeze job to 1500# for 30 mins. Circ sd off BP. Rec BP.
5. RIH w/ comp 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 W. D. McDaniel TITLE Dist. Drlg. Supt. DATE 8/5/80

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE AUG 1 0 1980

CONDITIONS OF APPROVAL, IF ANY: