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NEW MEXICO DEPARTMENT OF MINES AND METALLURGY

JUN 1 1977

O. C. C.

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

SUNDARY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR REWORK WELLS TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Atlantic Richfield Company

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

4. Location of Well
UNIT LETTER B 869.27 FEET FROM THE North LINE AND 1967.24 FEET FROM
THE East LINE, SECTION 34 TOWNSHIP 17S RANGE 28E N.M.P.M.

5. Elevation (Show whether DF, RT, GR, etc.)
3685' RT

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

7. Unit Agreement Name
Empire Abo Pressure Maintenance Project

6. Farm or Lease Name
Empire Abo Unit "E"

9. Well No.
35

10. Field and Pool, or Wildcat
Empire Abo

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 <input checked="" 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input 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.

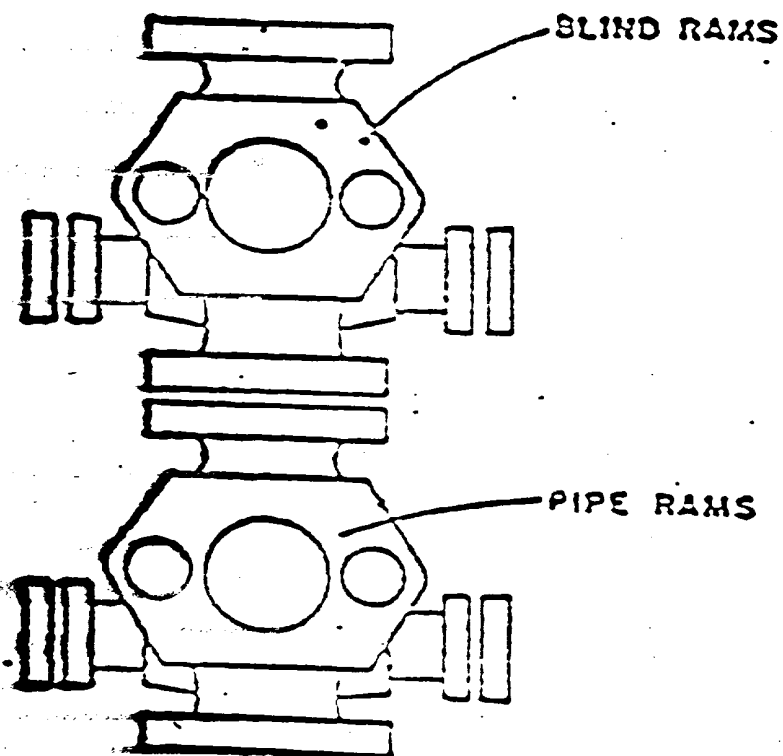
- TD 6256', PBD 6213'. Present perms 6158-6192'.
3-5/8" OD 22.7# csg @ 770'. Cmt'd w/450 sx. 5 1/2" OD 14# csg @ 6256'. Cmt'd w/850 sx.
Propose to stop waterflow thru 8-5/8" x 5 1/2" annulus in the following manner:
1. Rig up, kill well, POH w/completion assy, install BOP.
 2. Set RBP @ 4500' & cap w/sd.
 3. Run CBL & csg inspection logs. Evaluate.
 4. Option #1 - Perforate 4 - 1/2" squeeze holes above top of cement. Circ cmt to surface.
Option #2 - Determine free point of 5 1/2" csg. Cut off csg & POH. Inspect csg & rerun w/csg patch & stage cementing tool above patch. Cement to surface. Consider rng external casing packer on 5 1/2" csg.
 5. Drill out & test to 1500#.
 6. Retrieve BP @ 4500'.
 7. RIH w/completion assy.
 8. Swab test, acid treat if necessary & 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 5/31/77

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE JUN 2 1977

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "E"

Well No. 35

Location 869.27' FNL & 1967.24' FEL
Sec 34-17S-28E, Eddy County, N.M

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.

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NEW MEXICO OIL CONSERVATION COMMISS. 1
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-69

SEP 20 1974

O. C. C.
ARTESIAN OFFICE

I. Operator
Atlantic Richfield Company ✓
Address
P. O. Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change in location of tanks effective: 09/01/74

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Empire Abo Unit E	Well No. 35	Pool Name, Including Formation Empire Abo	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter B ; 869.27 Feet From The North Line and 1967.24 Feet From The East Line of Section 34 Township 17S Range 28E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> AMOCO Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) 2300 Continental Bk.Bldg., Fort Worth, TX 76102					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> AMOCO Production Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 367, Andrews, Texas 79714					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 34	Twp. 17S	Rge. 28E	Is gas actually connected? Yes	When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. L. Shackelford
(Signature)
Senior Accounting Clerk
(Title)
September 18, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 25 1974
BY W. A. Gussett
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.