

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

ATE
in re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 064050 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Empire Abo Unit "H"

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Empire Abo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

34-17S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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—" 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 (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330' FSL & 330 FEL (Unit Letter P)

14. PERMIT NO.

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

3625' RDB

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Shut-in, Allowable Transferred X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The above well was shut in on October 1, 1973. This well was a high GOR well. Allowable transferred under NMOCC Orders R-4548, R-4549, R-4549A, R-4549-B.

RECEIVED

OCT 21 1975

O. C. C.
ARTESIA, OFFICE

RECEIVED
OCT 21 1975
U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE Dist Prod & Drlg Supt

DATE 9-26-75

(This space for Federal or State office use)

TITLE

DATE

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

OCT 20 1975

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side