

N. M. O. G. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE MANNER INDICATED
(Other instructions on reverse side)

NM-14840
Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
IC 026488 (a) Copy 5F
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 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 2310' FSL & 1650' FWL (Unit Letter K) 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3610' GR		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">DEC 6 1974</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">G. E. C.</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">ARTESIA, OFFICE</div> 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Empire Abo Unit C 9. WELL NO. 50 10. FIELD AND POOL, OR WILDCAT Empire Abo 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-17S-29E 12. COUNTY OR PARISH Eddy 13. STATE N.M.
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Shut in. Allowable Transferred <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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. The well was shut-in because it is a high GOR well. Allowable transferred under NMOCC Orders R-4548, R-4549, R-4549-A, R-4549-B. Also holding for secondary recovery.

RECEIVED
OCT 29 1974
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED _____ TITLE Dist. Prod. & Drlg. Supt. DATE October 31, 1974

(This space for Federal or State office use)

APPROVED
DEC 5 - 1974
L. L. BEEKMAN
ACTING DISTRICT ENGINEER

TITLE _____ DATE _____
UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL - OCTOBER 1975
See Instructions on Reverse Side