

RECEIVED BY
NOV 15 1985UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FWL & 1980' FNL (Unit E)
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH: as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(other)		

5. LEASE
NM 0557371

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Empire Abo Pressure Maintenance Unit

8. FARM OR LEASE NAME
Empire Abo Unit "J"

9. WELL NO.
17

10. FIELD OR WILDCAT NAME
Empire Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1-18-27

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3615' RDB 3600' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)* Propose to P&A:

MIRU, inst BOP. Establish injection thru present perfs 5875-5910'. GIH w/ bit to TD 5960'. Set cmt retr @ 5800'. Cmt perfs 5875-5910' w/ C1 H cmt, amount to be determined by pump-in rate. Dump 5 sx cmt on cmt retr. Circ w/ 9.5 ppg BW cont'g 25# gel/bbl. Spot 100' cmt plugs 3800-3900' & 1800-1900'. Spot 10 sx cmt plug @ surf. Cut off WH. Inst regulation dry hole marker. Clean & Level location for abandonment.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Dr. L. Shackelford TITLE Engrg Tech Spec. DATE 7/24/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 7/24/85

CONDITIONS OF APPROVAL, IF ANY: