

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY RECEIVED

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐ ARTESIA, OFFICE

2. NAME OF OPERATOR ARCO Oil & 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.) 1980' FSL & 1980' FWL  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
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 type="checkbox"/>	<input type="checkbox"/>

(other) Squeeze cmt Abo, perfs  
perf lower in reef & treat

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.)\*

1. Rig up, kill well, install BOP & POH w/ comp assy.
2. Set cmt retr @ 6020'.
3. Squeeze cmt Abo perfs 6040-6080' w/ 100 sx LWL cmt & 100 sx Cl "C" cmt w/2% CaCl<sub>2</sub>. WOC. Drill out retr & cmt. Press test squeeze job to 1500# for 30 mins.
4. Drill & CO to 6160'. Run GR-CCL.
5. Perf Abo 6140-6156' w/ 2 JSPF.
6. RIH w/ pkr, set @ 6100'. Treat perfs 6140-6156' w/150 gals 15% HCL-LSTNE-FE acid 1000 gals gelled LC, 1000 gals 15% HCL-LSTNE-FE acid, flushed w/ LC.
7. Swab test, return to production.

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

5. LEASE  
~~LC-062412~~ NM-0557371

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Empire Abo Pressure Maintenance Project

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

9. WELL NO.  
18

10. FIELD OR WILDCAT NAME  
Empire Abo

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

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3613' KB

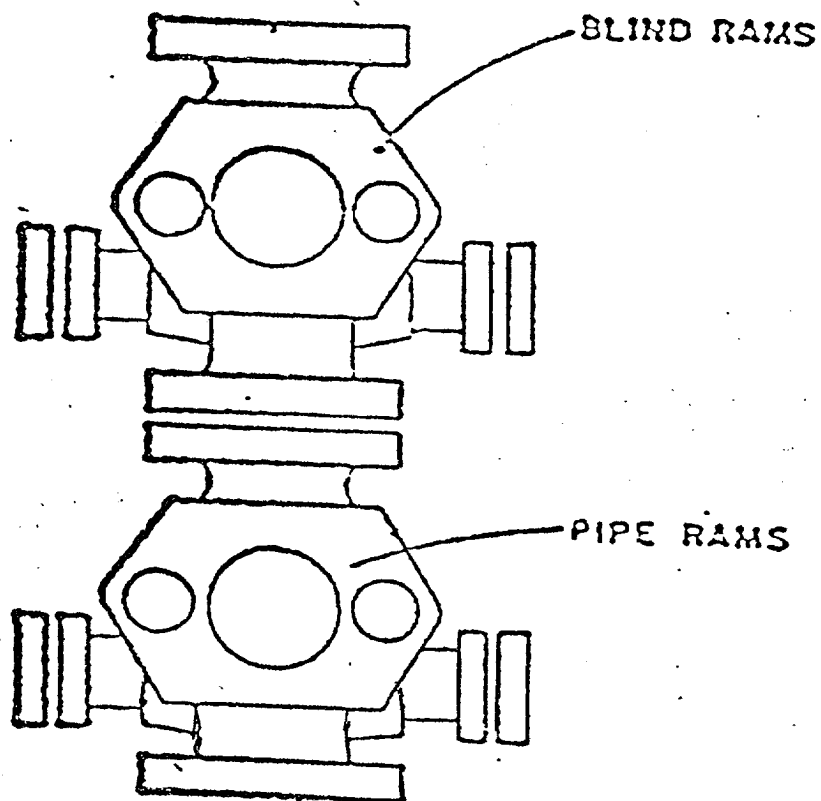
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 7/14/80

(This space for Federal or State office use)

APPROVED BY (One Sgd) ENTER W. CHESTER ACTING DISTRICT ENGINEER  
CONDITIONS OF APPROVAL, IF ANY: TITLE DATE JUL 17 1980



**ATLANTIC RICHFIELD COMPANY**  
**Blow Out Preventer Program**

**Lease Name** Empire Abo Unit "K"

**Well No.** 18

**Location** 1980' FSL & 1980' FWL  
Sec 1-18S-27E, 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.