

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TR (Other instruct. verse side)
CATE* on re-NM 0557371
Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
LC 062412 Copy 63F

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Atlantic Richfield Company ✓		8. FARM OR LEASE NAME Empire Abo Unit "I"	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		9. WELL NO. 18	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 1980' FWL (Unit letter C)		10. FIELD AND POOL, OR WILDCAT Empire Abo	
14. PERMIT NO.		12. COUNTY OR PARISH Eddy	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3611' GR		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Convert to Gas Injection <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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 depth of all matters and zones pertinent to this work.)*

TD 6173'. Present perforations 5900-50', 2 JSPF.
8-5/8" OD 24# csg set @ 1515'. Cmt'd w/1550 sx. Circ to surface.
4 1/2" OD 9.5# csg set @ 6173'. Cmt'd w/850 sx. TOC @ 2325'.

Propose to convert this well to a gas injection well in accordance w/Administrative Approval No. PMX-65 under the provisions of Order No. 4549-B, Rule 14, under "Special Rules & Regulations for the Empire Abo Pressure Maintenance project as follows:

1. Rig up, Kill well, install BOP & POH w/completion assy.
2. Set BP @ 4500', run cmt bond log 4500' to TOC.
3. Set cmt retr approx 40' above perfs.
4. Cmt thru perfs w/HLW (vol to be determined) w/1/4# Flocele/sk. followed by 200 sx Cl C Neat until cmt circ, then pump Cl C Neat w/CaCl. If cmt does not circ, then run temp survey.
5. Drill out & test, remove BP @ 4500'.
6. Set cmt retr @ 5870' & squeeze perfs 5900-50' w/LWL cmt, followed by Neat cmt w/sd.
7. Install high pressure tbg hd.
8. Perf 5627-32' & 5693-5700' w/1 JSPF.
9. Run internally & externally plastic coated Lok-set pkr & ER receptacle w/1.81 trim on 2-3/8" OD internally plastic coated tbg.
10. Circ 4 1/2" X 2-3/8" annulus w/prod wtr cont'g corrosion inhibitors.
11. Set pkr @ 5560' & connect up well hd for gas injection. Install pressure gauge on csg-tbg annulus. (cont'd on attached Page #2)

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

SIGNED [Signature] TITLE Dist. Drlg. Supv. DATE 11/5/75

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DISTRICT ENGINEER DATE NOV 7 1975

CONDITIONS OF APPROVAL, IF ANY:

Form 9-331

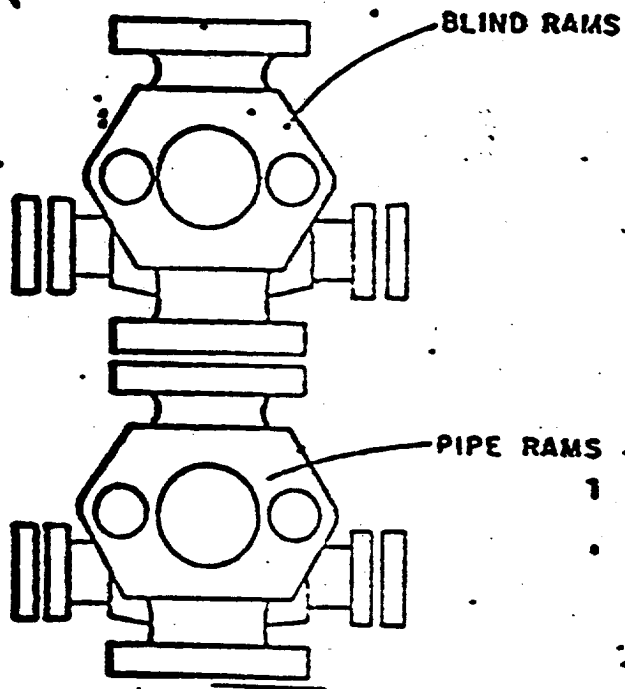
Empire Abo Unit "I" #18

November 5, 1975

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12. Treat Abo perfs 5627-32' & 5693-5700' w/5000 gals 15% LSTNE acid using ball sealers to divert.
13. Swab back load to clean up & connect up for gas injection.

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ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "I"

Well No. 18

Location 660' FNL & 1980' FWL
Sec 1, T18S, R27E, Eddy Co.

BOP to be tested before installed on well and will be maintained in good working condition during workover. All wellhead fittings to be of sufficient pressure to operate in a safe manner.