

N.M.O.G.D. COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Gas Injection Well
2. NAME OF OPERATOR **ARCO Oil and Gas Company** ✓
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
Box 1710, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660' FNL & 1980' FWL
AT SURFACE: as above
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH:
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) Add Perfs & Acidize | | |

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/injection assy.
2. Locate csg leak, set BP & cmt retr & cmt squeeze. Drill out retr & cmt, rec BP & pressure test csg & squeeze job.
3. Perforate add'l Abo 5872-92' w/1 JSPF.
4. Acidize perfs 5872-92' w/3000 gals 15% HCL acid.
5. Swab back & CO. RIH w/pkr & tbq, set pkr @ approx 5560' above all Abo perfs & resume gas injection.

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

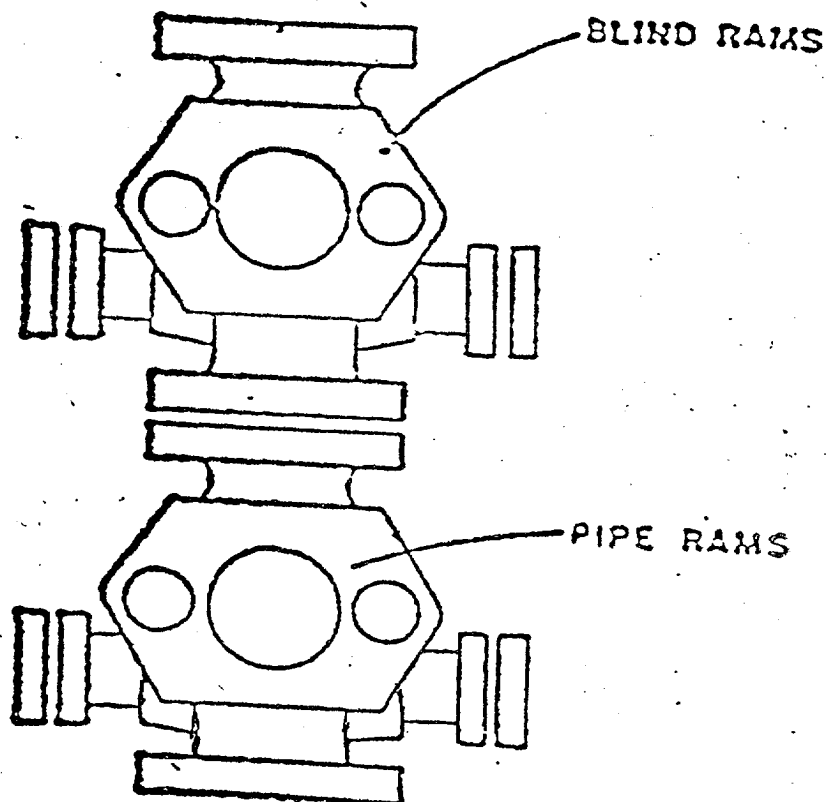
18. I hereby certify that the foregoing is true and correct

SIGNED George H. Stevan TITLE Dist. Drlg. Supt. DATE 11/6/79

(This space for Federal or State office use)
APPROVED BY George H. Stevan TITLE _____ DATE NOV 08 1979
CONDITIONS OF APPROVAL, IF ANY: _____

5. LEASE NM-0557371	
6. IF INDIAN, ALLOTTEE OR TRIBAL	
7. UNIT AGREEMENT NAME NOV 13 1979	
8. FARM OR LEASE NAME Empire Abo Unit "I" O.C.C.	
9. WELL NO. 18 ARTEBIA, OFFICE	
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 N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3611' GR	

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



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "I"

Well No. 18

Location 660' FNL & 1980' FWL
Sec 1-18S-27E, Eddy County

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.