

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:
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 type="checkbox"/>	<input type="checkbox"/>
(other) Add Perfs & Acidize		

5. LEASE
NM-0557371
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JAN - 3 1980
7. UNIT AGREEMENT NAME
O. C. D.
8. FARM OR LEASE NAME
ARTESIA, OFFICE
Empire Abo Unit "I"
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
NM.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3611' GR

RECEIVED
(NOTE: Report results of multiple completion or zone change on Form 9-330.)
DEC 28 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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. RU 12/3/79. Killed well, installed BOP. POH w/injection assy.
2. Set BP @ 5600', set pkr & press tested csg to 1500# 30 mins OK. POH w/pkr & BP.
3. RIH w/bit, drld cmt 5830-5915'. Circ hole clean.
4. Perf'd Abo 5872-5892' w/1 JSPF.
5. RIH w/pkr, set pkr @ 5860'. Acidized perfs 5872-92' w/3000 gals 15% HCL-LSTNE-FE acid, flushed w/22 BPW.
6. Reset pkr @ 5576'. TP @ 5606'. On 24 hr injection test 12/10/79 Abo perfs 5630-35', 5696-5703', 5872-92', inj 4.5 MMCFG @ 1850 psig. Final Report.

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

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

SIGNED Albert R. Stall TITLE Dist. Drlg. Supt. DATE 12/20/79

(Seal) **ALBERT R. STALL** (This space for Federal or State office use) **ACTING DISTRICT ENGINEER**

APPROVED BY _____ TITLE _____ DATE DEC 31 1979
CONDITIONS OF APPROVAL, IF ANY: