

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 065478 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Empire Abo Unit "I"

8. FARM OR LEASE NAME

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Empire-Abo

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA

Sec 3, T18S, R27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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.)

RECEIVED

JAN 10 1974

O. C. C.

ARTESIA OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

957' FNL & 2308.68' FWL (Unit letter C)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3606' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Convert to Gas Injection

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 depths for all markers and zones pertinent to this work.)*

In accordance w/NMOCC Order no. R-4549, we propose to convert this well to gas injection service as outlined below:

Treat perfs 5532-46', 5498-5516' & 5456-5482' w/6000 gallons of 15% HCl acid.

Set 415-D packer @ approx. 5400'.

Run 2-3/8" EUE 8R J-55 tubing internally plastic coated w/TK-2 & latch into packer.

Load annulus w/treated fresh water & install pressure gauge.

RECEIVED

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

SIGNED

C. D. Litchner

TITLE

Dist. Drlg. Supv.

DATE 12/27/73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN - 9 1974

C. L. BEEKWIT
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side