Capy 65F N. M. O. C. C. CORM Form approved. Budget Bureau No. 42-R1424. Forn: 9-331 L FED STATES SUBMIT IN TRL. DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) (May 1963) 5. LEASE DESIGNATION AND SERIAL NO. LC 065478 (b) GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME RECEIVED Empire Abo Unit WELL Gas Injection OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Atlantic Richfield Company 9. WELL NO. 3 ADDRESS OF OPERATOR 10 P. O. Box 1710, Hobbs, New Mexico 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 10. FIELD AND POOL, OR WILDCAT ARTESIA, OFFICE Empire Abo At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 957' FNL & 2308.68' FWL (Unit letter C) Sec 3, T18S, R27E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 3606' DF Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE Convert to Gas Injection REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) * On 2/3/74 ran 182 jts 2-3/8" tbg, set RBP @ 5560'. Set RTTS @ 5557'. Tested tbg & RBP to 1500#. OK. Rel RTTS & reset @ 5524'. Stage #1 - Treated perfs 5532-5546' w/1000 gal 15% HC1-LSTNE acid. Stage #2 - Set RBP @ 5526'. Rel Rtts & reset @ 5398'. Treated perfs 5456-5516' w/5000 gals 15% HCl-LSTNE acid. Rel Rtts. Rec RBP @ 5526'. WIH w/174 jts 2-3/8" EUE internally plastic coated tbg & anchor type seal nipple set in retainer prod pkr @ 5398'. Installed high pressure wellhead. Loaded csg annulus w/treated fresh wtr & installed pressure gauge. Commenced gas injection thru perfs 5456-5546' on 6/22/74. Converted to Gas Injection well. Final Report. RECEIVED 1814

18. I hereby certify that the foregoing is true and correct	TITLE Dist. Dr	lg. Supv.	DATE
(This space for Federal State office use) A CONTITIONS OF APPROVAL, IF ANY:	TITLE		DATE

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER