GEL_GOICAL SURVY LC 001783-31-02/74 Control of the set o	Porm 9-331 (May 1963) N. M. O	UNITED ST	ATES HE INTERIO	SUBMIT IN TRIPLICATI		au No. 42-R142
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this for proposed to of diff of to depend on this back is a different reserver. 01. 12. Dependence of the property of the back is a different reserver. 1. Other Address of the back is a different reserver. 13. 14. Dependence of the property of the back is a different reserver. 1. Other Address of the back is a different reserver. 14. 15. ADDRESS of the property of the back is a different reserver. 1. Dependence of the address of the back is a different reserver. 14. 15. ADDRESS of the property of the back is a different reserver. 1. Dependence of the address of the back is a different reserver. 14. 15. ADDRESS of the back is a different reserver. 1. Dependence of the back is a different reserver. 14. Property of the back is a different reserver. 1. Dependence of the back is a different reserver. 14. Property of the back is a different reserver. 1. Dependence of the back is a different reserver. 14. Property of the back is a different reserver. 1. Dependence of the back is a different reserver. 14. Property of the back is a different reserver. 1. Dependence of the back is a different reserver. 14. Property of the back is a different reserver. 1. Dependence of the back is a different reserver. 14. Property of the back is a different reserver. 1. Dependence of the back is a different reserver. 14. Dependence of theback is a different reserver. <t< td=""><td></td><td></td><td></td><td>•• •••••</td><td></td><td>1 +5</td></t<>				•• •••••		1 +5
CDe sot as this form for propends to deliver to depend on the tots, a filterest reserver. UNA SPECIATION FOR FERRIT- to end Brance Inserver. Proceeding of the second o	CLINID					
With D ormes RECEIVED Aslantic Richfield Company JUN 16 1975 Aslantic Richfield Company JUN 16 1975 Assessed or STATURE JUN 16 1975 Assessed or Status 9 P. O. BOX 1710, Hobbs, New Moxico 88240 9 Becktow or with Units leaded dearb and in accordance with any State receipted a. OFFICE 9 G60' FSL & 660' FWL (Unit letter M) 3-185-27E 4. Finite Too 11. Correct, or NULL Control, or NULL Contro, or NULL Control, or NULL Control, or NULL Co						
Atlantic Richfield Company JUH 16 1975 Empire Abo Unit "L" Assessed or STRATOR Strato or with Mary Flow of the Mary State residence with any State residence of the Mary State residence of Mary	OIL TY GAS	OTHER	F	ECEIVED	7. UNIT AGREEMENT N	AME
advance DV 110 Hobbs, New Mexico 88240 Image: Status Image: Stat	NAME OF OPERATOR	/			8. FARM OB LEASE NA	ME_
P. O. Box 1710, Hobbs, New Mexico 38240 9 See allowing of the box 11 Section and the accordance with any State resting Fight C. Article A. DT Fight Section 200, 07 with a state of the box 11 10. Fishe are provided on the state of the box 11 G60' FSL & 660' FWL (Unit letter M) 3543' GR 3-185-27E A FRAME NO. 16. Restations of the box 10 3543' GR A FRAME NO. 16. Restations of the box 10 3543' GR A FRAME NO. 16. Restations of the box 10 3543' GR A FRAME NO. 16. Restations of the box 10 3543' GR A FRAME NO. 16. Restations of the box 10 State of the box 10 A FRAME NO. 16. Restate of the box 10 State of the box 10 A FRAME NO. 16. Restate of the box 10 State of the box 10 A FRAME NO. 16. Restate of the box 10 State of the box 10 A FRAME NO. 16. Restate of the box 10 State of the box 10 A FRAME NO. 16. Restate of the box 10 State of the box 10 A FRAME NO. 16. Restate of the box 10 State of the box 10 A FRAME NO. 16. Restate of the box 10 State of the box 10 A FRAME NO. 16. Restate of the box 10 State of the box 10 Stat		field Company		<u>- 111N 1 6 1975</u>		it "L"
December of verify the december is defined and a decordance with any State weight Dirt. (Art edited Art e		O Uchha Now Marri	00 99940		6. WELL NO.	
At surface 660' FSL & 660' FWL (Unit letter M) 4. FRANT NO. 5. HEALANDER (BOY Whether M. B. GUTTER CANNON 36. 6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 36.3' GR 6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 36.3' GR 7. GALARDERTON TO: 7. GALARDER	LOCATION OF WELL (Rej	port location clearly and in acco	ordance with any St	ate requillem ints. C.	10. FIELD AND POOL,	OR WILDCAT
660' FSL & 660' FWL (Unit letter M) 11. BES. 2.7 E. 3. OR BLA. ADD SOURCE OF BLA. ADD 3543' GR 3-185-27E 4. 78AULT RO. 15. BLANATIONS (Show whether or, w, or, etc.) 3543' GR 12. COUNT OF PARLIES 12. FILL Eddy 13. COUNT OF PARLIES 12. FILL BCDY ************************************		•)		ARTESIA, OFFICE	Empire Abo	
660' FSL & 660' FWL (Unit letter M) 3-185-27E 4. FMAINT RO. 15. SLEVATORS (Slow Whather or, m. a., cds) 12. COLVENT & FALLER 18. EXAMPLE 3543' GR 13. COLVENT & FALLER 18. EXAMPLE 13. COLVENT & FALLER 18. EXAMPLE * Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Subsequent Report Data * Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Subsequent Report Data * Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Subsequent Report Data * ************************************					11. SEC., T., B., M., OB	
11. COUNTY OF PARINE 12. COUNTY OF PARINE 13. STAT 3543' GR 12. COUNTY OF PARINE 13. COUNTY OF PARINE 14. COUNTY OF PARINE 6. Check Appropriate Box To Indicate Native of Notice, Report, or Oher Data ADDEDATE THE NOT OF : THET WATE BET-OFF POLL OF ALTER CANNO ADDEDATE TEACOR TO S: ADDEDATE TEACOR TO S: THET WATE BET-OFF POLL OF ALTER CANNO ADDEDATE TEACOR TEACOR ADDEDATE TEACOR TEACOR TO S: ADDEDATE TEACOR TEACH ADDEDATE ADDEDATE <td>660' FSL & 66</td> <td>0' FWL (Unit lette</td> <td>r M)</td> <td></td> <td></td> <td></td>	660' FSL & 66	0' FWL (Unit lette	r M)			
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice or INTENTION TO: THET WATER BRUGGY THE OF ALTER CARNO NULTER OF INTENTION TO: THE WATER BRUGGY THE OF ALTER CARNO NULTER OF INTENTION THE OF ALTER CARNO NULTER OF ALTER CARNO NUL	14 DEDUCE NO	1 1F 19 19 19 19 19 19 19 19 19 19 19 19 19	(Charman hathan an a			
Check Appropriate Box To Indicate Neture of Notice, Report, or Other Data NOTICE OF INTENTION TO: THE TWICE SECTION TO: THE TWICE ADDRESS OF INTENTION ADDRESS OF INTENTION ADDRESS THE ADDRESS OF INTENTION ADDRESS OF INTENT	14. PORDIT NO.			T, GR, etc.)		
NOTES OF INTENTION TO: SUBSQUENT LEPORT OF: THE WATER SECTOR SULL OR A AFTER CAMPO NATE A AFTER CAMPO SHOT CON A CODE ACTORS SUBSCORE SATEON OF ALL SHOT CON A CODE ACTORS CLANCE PLANE SECOND CONCENTED SATEON OF ALL (Other) SQUEPEZE CLAN REPORT INVO: CLANCE PLANE SECOND CONCENTED SATEON OF ALL (T. DEFAULT PLANE CLANCE CLANCE PLANE CLANCE PLANE CLANCE PLANE SECOND CONCENTED SATEON OF ALL (T. DEFAULT PLANE CLANCE CLANCE PLANE CONDITION OF ACTIONAL CLANCE PLANE SECOND CONCENTER CONTRIBUTION CLANCE PLANE SECOND CONCENTER CONTRIBUTION CLANCE PLANE (T. DEFAULT PLANE CLANCE CLANCE PLANE CLANCE PLANE Second CLONE CLANCE Second CLONE	· · · · · · · · · · · · · · · · · · ·					N.M.
THET WATER SHUP-OFF FULL OR ALTER CARNO FRACTOR TREAT SUCTIPLE CONFLET SHOW TO DE ACTORE TREAT SUCTIPLE CONFLET SHOW TO DE ACTORE TREAT SUCTIPLE CONFLET SHOW TO DE ACTORE TREAT SUCTIPLE CONFLET Other) SQUEEZE CITL & Report Flaxes SUCTIPLE CONFLET (T. DEFAULT PUTTIES OPERATIONS (Clear) trained liperiment details and grapped memory domains of multiple completion con Well Composed or in the date of an antice of a successful on the date of a successful on the d	.6.	Check Appropriate Box	To Indicate Na	ture of Notice, Report, or	Other Data	•
FACTURE TELLY MULTIPLE COMPLETE AANDOR* BROOT ON ACCOUNT AANDOR* AANDOR* 10ther) Squeeze Cmt & Reperf lower X INOTE: Report result of multiple completion on Well Completion of Recompletion in Recompletion and the service of the service of memory and the service of th	NO	TICE OF INTENTION TO:		SUBS	QUENT REPORT OF :	
BROOT OB ACTOLER ABANDON* CHANGE FLANS BROOTING OB ACTOLENIG ABANDON* CHANGE FLANS CANGE FLANS CONDITION OF ACTOLENIG ABANDON* CHANGE FLANS CONDITION OF ACTOLENIG CANNOF CHANGE AND CHANCE AND CHANGE AND CHANCE AND CHA	TEST WATER SHUT-OFF	PULL OR ALTER CA	SING	WATER SHUT-OFF	REPAIRING	WELL
BEFAIR WELL CHANGE FLANS (Other) Support Report results of multiple completion on Well 17. Descence processo as completed is directionally driled, give makaniface locations and measured and true vertical depths for all markers and score measured and true vertical depths for all markers and score completion as the work.)* (Other) Support the vertical depths for all markers and score completion and researced and true vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as the vertical depths for all markers and score completion as and measured and true vertical depths for all markers and score completion as and measured and true vertical depths for all markers and score completion as and measured and true vertical depths for all markers and score completion as set of the foregoing is true and correct 3. Drill out squeeze completion asset, set phr @ approx 5620' & acidize new perfs w/2000 gals 15% LSTNE acid. Set for fore fore production. 3. I hereby certify that the foregoing is true and correct Stor	FRACTURE TREAT	MULTIPLE COMPLE	TE	FRACTURE TREATMENT	ALTERING	CASING
(other) Squeeze Cht & Reperf lower X Completion of modeling and the formations of weather and the formation account for the completion account for th					ABANDONMI	ENT [*]
The accurate below of the second s	_		v	(NOTE: Report resu	its of multiple completion	on Well
 2. Set cmt retr @ 5490'. Squeeze present perfs 5560-90' w/100 sx LWL cmt & 100 sx Neat w/8#/sk sand. 3. Drill out squeeze cmt job, test and clean out. 4. Run log from 5800-5200'. 5. Spot 15% HCL acid 5600-5700'. 6. Perf 5655-66' & 5669-73' w/2 JSPF. 7. RIH w/completion assy, set pkr @ approx 5620' & acidize new perfs w/2000 gals 15% LSTNE acid. 8. Swab test well, return to production. 8. I hereby certify that the foregoing is true and correct 8. I hereby certify that the foregoing is true and correct 8. I hereby certify that the foregoing is true and correct 8. I hereby certify that the foregoing is true and correct 8. TITLE Dist. Drlg. Supv. DATE 6/11/75 CONDITIONS OF APPROVED ET	TD 6431', PBD Propose to sq oil rate and	0 6396'. Presently ueeze cmt present lower GOR. Workov(completed f perforations er to be per	in Abo perfs 5560-5 s and reperforate f rformed in thefollo	5590'. Lower in order t owing manner:	
7. RIH w/completion assy, set pkr @ approx 5620' & acidize new perfs w/2000 gals 15% LSTNE acid. 8. Swab test well, return to production. RECTINE III. IIII. III. <t< th=""><th> Set cmt re Neat w/8#/ Drill out Run log fr Spot 15% H </th><th>etr @ 5490'. Squees 'sk sand. squeeze cmt job, to com 5800-5200'. ICL acid 5600-5700'</th><th>ze present p est and clea •</th><th>perfs 5560-90' w/10</th><th></th><th>100 sx</th></t<>	 Set cmt re Neat w/8#/ Drill out Run log fr Spot 15% H 	etr @ 549 0' . Squees 'sk sand. squeeze cmt job, to com 5800-5200'. ICL acid 5600-5700'	ze present p est and clea •	perfs 5560-90' w/10		100 sx
18. I hereby certify that the foregoing is true and correct SIGNED U.S. GEOUCOULD NEW NL. VISTESIA, NEW NL. APPROVED BT CONDITIONS OF APPROVED, IF ANY: VISTESIA, NEW NL. VISTESIA, NEW	7. RIH w/comp	oletion assy, set pl		5620' & acidize ne	ew perfs w/2000	gals
SIGNED TITLE DISt. Drig. Supv. DATE 6/11/75 (This space for Federal or State office use) APPROVED BY DATE DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE DATE DRATE VIII See Instructions on Reverse Side	8. Swab test	well, return to pro	oduction.		**	
SIGNED TITLE DISt. Drig. Supv. DATE 6/11/75 (This space for Federal or State office use) APPROVED BY DATE DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANT: DATE DATE DDR IF ANT: See Instructions on Reverse Side			· .		RECEIN	
SIGNED TITLE DISt. Drig. Supv. DATE 6/11/75 (This space for Federal or State office use) APPROVED BY TITLE DATE DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE DATE DATE UNULL: See Instructions on Reverse Side *See Instructions on Reverse Side	· · · · · · · · · · · · · · · · · · ·				U.S. GEOLOGICA	ML
APPROVED BY TITLE DATE DATEDATEDATE		ie toregoing is true and correct	Di	st. Drlg. Supv.	DATE6/1]	L/ 7 5
CONDITIONS OF APPROVAL, IF ANY: DDDDVD JUN 1: 1375 *See Instructions on Reverse Side	(This space for Federa	1 or State office use)				
JUN Same	CONDITIONS OF APP		TITLE		DATE	
ACTING DISTRICT ENGINEER			See Instructions of	on Reverse Side		



ATLANTIC RICHFIELD COMPANY Blow Out Preventer Program

Lease Name	Empire Abo Unit	<u>''L''</u>
Well No.	9	
Location	660' FSL & 660'	FWL

Sec 3, 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.