

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

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.)

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
1980' FSL & 660' FEL (Unit letter I)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3540' GR

5. LEASE DESIGNATION AND SERIAL NO.
LC 065478 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Empire Abo Pressure Maintenance Project

8. FARM OR LEASE NAME
Empire Abo Unit "K"

9. WELL NO.
12

10. FIELD AND POOL, OR WILDCAT
Empire Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3-18S-27E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

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JAN 28 1977

**O. C. C.
ARTESIA, OFFICE**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(Other) Squeeze Cmt & Perf lower in ☒ Abo

(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.) *

TD 6105', PBD 6067'. Presently completed in Abo perfs 5656-64' & 5670-86'. Propose to squeeze cmt present perfs and perforate & acidize lower in Abo reef in the following manner:

1. Rig up, kill well, install BOP, POH w/tbg & pkr.
2. RIH w/cmt retr. Set retr @ 5600'. Squeeze cmt Abo perfs 5656-64' & 5670-86' w/100 sx LWL cmt followed by 75 sx Cl C cont'g 6#/sk sd. Drill out & test cmt squeeze job.
3. Run GR-Corr log. Perforate Abo w/2 JSPF 5766-5804'.
4. RIH w/pkr on 2-3/8" tbg, set pkr @ 5725'.
5. Acidize perfs 5766-5804' w/1000 gals 15% HCL-NE acid cont'g 25#/1000 gals iron sequestrant.
6. Frac treat w/3000 gals versagel & 2000 gals MOD 202 acid.
7. Swab test and put on production.

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**U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

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

SIGNED *Alan Pratt*

TITLE Dist. Drlg. Supt.

DATE 1/25/77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

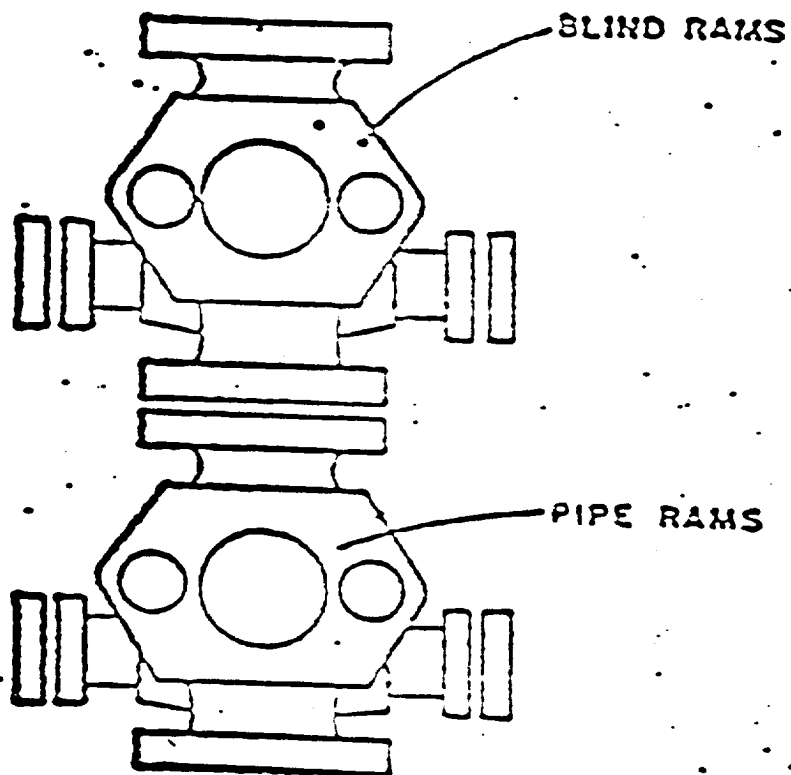
DATE _____

APPROVED

JAN 26 1977

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "K"

Well No. 12

Location 1980' FSL & 660' FEL
Sec 3-18S-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.