

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 ☐
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.) 610' FSL & 1980' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
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) Squeeze Perfs & Complete

Lower in Reef

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. Rig up, kill well, install BOP, POH w/compl assy.
2. Run GR-CNL.
3. RIH w/cmt retr, set retr @ 5800'. Squeeze perfs 5847-5892'. WOC.
4. Run RBP, set @ 5300', dump 2 sx sd on top. Run CBL-VDL-CCL log. Perforate above TOC. Circ cmt thru perfs to surface. Drill out cmt squeeze. Press test squeeze jobs, retrieve BP. CO to 6012' PBD. Press test csg to 1000# 30 mins.
5. Run GR-CCL log. Perforate lower in reef from logs. RIH w/compl assy.
6. Treat perfs w/1650 gals 15% HCL-LSTNE-FE acid, 1000 gals CaCl wtr, 1000 gals gelled LC, flush w/LC. Swab test & return to production.

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

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 3/27/80

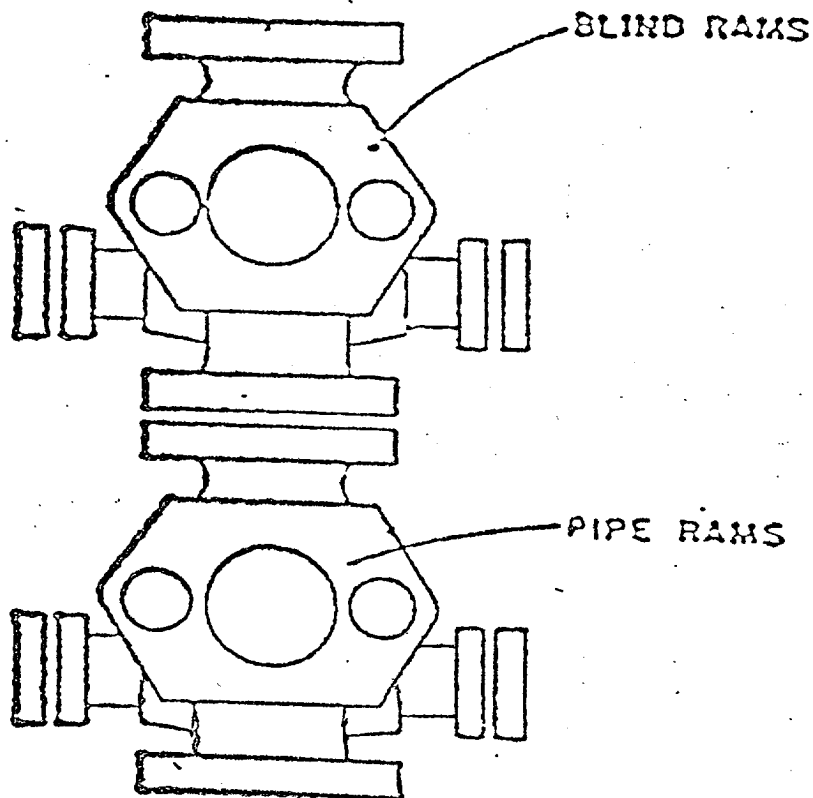
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAR 31 1980
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE NM-025604	RECEIVED APR 2 1980 O. C. D.
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	ARTESIA, OFFICE
8. FARM OR LEASE NAME Empire Abo Unit "L"	
9. WELL NO. 11	
10. FIELD OR WILDCAT NAME Empire Abo	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-18S-27E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3512' GR	

RECEIVED
MAR 28 1980
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

(NOTE: Report results of m completion
change on Form 9-330.)



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "L"

Well No. 11

Location 610' FSL & 1980' 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.