

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

SUBMIT IN TRIP
(Other instruction
verse side)

DATE
1-76

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC - 061783 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Empire Abo Pressure
Maintenance Unit

8. FARM OR LEASE NAME

Empire Abo Unit "K"

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Empire Abo

11. SEC., T. R., M., OR B.L. AND
SURVEY OR AREA

3-18-27

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. NAME OF OPERATOR

Atlantic Richfield Company

2. ADDRESS OF OPERATOR

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

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

1650' FSL & 990' FWL (Unit Letter L)

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, ST, OR, etc.)

3580' RDB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZ

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

SI - Allowable Transferred
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DES. SIZE PROVIDED 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.)

This well was shut-in on 9-13-76 after testing for 72 hrs. @ a stabilized rate of production to determine the transfer of allowable credit to other producing wells in the Empire Abo Pressure Maintenance Project area. This well is presently shut-in.

RECEIVED

DEC 7 1976

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

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

SIGNED

TITLE Sr. Dist. Prod. Supv.

DATE 12-01-76

(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE DEC 9 1976

CONDITIONS OF APPROVAL, IF ANY: