Form approved. Budget Bureau No. 42-R1424. Form 9-331 (May 1963) U TED STATES CATE\* SUBMIT IN TR! DEPARTMENT OF THE INTERIOR (Other instruction verse side) on re-5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM 04**1**75 (a) 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 GAS WELL WELL by OTHER NAME OF OPERATOR 8. FARM OR LEASE NAME Atlantic Richfield Company Empire Abo Unit well No. 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 10. FIELD AND POOL, OR WILDCAT Empire Abo
11. sec., t., r., M., or blk. and
survey or area 1650' FSL & 330' FEL (Unit Letter I) 8-18S-27E 12. COUNTY OF PARISH 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 13. STATE 3483' DF Eddy N.M. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING ABANDONMENT\* (Other) Shut-in, Allowable Transferred 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.)\* The above well was shut-in on October 1, 1973. The well was shut-in because it was a high GOR well. Allowable transferred under NMOCC Orders R-4548, R-4549, R-4549-A, R-4549-B. RECEIVED OCT - 1 1975 RECEIVED U.S. GEOLOGICAL STIRVEY OCT 2 1 1975 ARTESIA, NEW MEY

O. C. C.

18. I hereby certify that the foregoing is true and correct		· · · · · · · · · · · · · · · · · ·	
SIGNED THE Cho	TITLE Dist Prod & Drlg Supt	DATE _	9-26-75
(This space for Program of State office use)  A Proved BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	

\*See Instructions on Reverse Side

ACTINO DISTRICT ENCYMEER