| | N. M. O. C. | | | | |
|--|--|--------------------------------------|---|-----------------|--|
| SUNDRY (Do not use this form Use | | | | | |
| OIL GAS WELL WELL | 7. UNIT AGREEMENT NAME | | | | |
| 2. NAME OF OPERATOR | 8. FARM OR LEASE NAME | | | | |
| Atlantic Richfield | Empire Abo Unit "O" | | | | |
| 3. ADDRESS OF OPERATOR | 9. WELL NO. | | | | |
| P.O. Box 1710 - Ho | 5 | | | | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) | | | 10. FIELD AND POOL, OR WILDCAT | | |
| At surface | | | Empire Abo | | |
| 1650' FSL & 990' I | 11. SEC., T., R., M., OR ELK. AND SURVEY OR AREA | | | | |
| | | | 9-18S-27E | | |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | RT, GR, etc.) | 12. COUNTY OR PARISH | 13. STATE | |
| | 3526' DF | | Eddy | N.M. | |
| 16. | Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | | | |
| NOTICE OF INTENTION TO: | | | UENT REPORT OF: | | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING W | ELL | |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CA | SING | |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMEN | T* | |
| REPAIR WELL | CHANGE PLANS | (Other) Shut-in All | lowable Transfe | rred X | |
| (Note: Report results | | | of multiple completion of the street of the | | |
| 17. DESCRIBE PROPOSED OR COM- proposed work. If well nent to this work.) * | PLETED OPERATIONS (Clearly state all pertinent is directionally drilled, give subsurface locat | t details, and give pertinent dates, | including estimated date | of starting any | |
| | as shut-in October 1, 1973. | • | | ole was | |
| transierred under | r NMOCC Orders R-4548, R-45 | 049, K-4549-A, K-4549- | B. | | |

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O. C. C.

OCT - 1 1975

U.S. GEOLOGICAL SURVEY. ARTESIA, NEW MEXICO

| 18. I hereby certify that the foregoing is true and correct | TITLE Dist Prod & Drlg Supt | DATE 9-26-75 |
|---|-----------------------------|--------------|
| (This space for Federal or State office use) A D CONDITIONS OF APPROVAL, IF ANY: | TITLE | DATE |

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER