

File ✓
O & G Com.

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 & Gas Company
Division of Atlantic Richfield Company ✓
3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FEL
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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
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Squeeze cmt perfs. Comp
higher in reef, treat.

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. Rigged up on 6/21/80, POH w/comp assy, install BOP. Run pkr, set @ 5783, established circ into perfs 5816-5867'. POH w/ pkr.
 2. Set cmt retr @ 5790', pmpd 98 sx Cl "C" contg 2% CaCl₂ thru retr, left 2 sx (10') on top of retr.
 3. Ran CBL-VDL log 5777'-0'. TOC @ 5100'.
 4. Run pkr, located csg leak 2806-3197'.
 5. Perf'd 4½" csg w/ 2 JSPF, 4999-5000'.
 6. Set cmt retr @ 4950'. Pmpd thru retr w/15 BFW, 20 bbls caustic solution, 10 BFW, 260 sx Cl "C" + LWL, 200 sx Cl "C" contg 2% CaCl₂, dumped 60' cmt on top of retr.
 7. RIH w/ cmt retr, set retr @ 2728'. Squeezed holes in csg w/ 10 BFW, 20 bbls caustic solution, 10 BFW, 750 sx Cl "C" + LWL, 300 sx Cl "C" cont'g 2% CaCl₂. Squeezed 5 bbl Cl "C" cmt cont'g CaCl₂ down behind 4½". MP 1500#. Dumped 30' cmt on top of retr. WOC.

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

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

SIGNED George W. Schmidt TITLE Dist. Drlg. Supt. DATE 9/29/80

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

5. LEASE
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 "P"

9. WELL NO.
8

10. FIELD OR WILDCAT NAME
Empire Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-18S-27E

12. COUNTY OR PARISH
Eddy

13. STATE
N M

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2' RBD

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

ACCEPTED FOR RECORD

OCT 7 1980

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO