

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT TO: (Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO. LC 065478 (b) <i>Copy 6 SF</i>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Empire Abo Unit "M"
9. WELL NO. 12
10. FIELD AND POOL, OR WILDCAT Empire Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-18S-27E
12. COUNTY OR PARISH Eddy
13. STATE N.M.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED JUL 2 1975 O.C.C. ARTESIA, OFFICE
2. NAME OF OPERATOR Atlantic Richfield Company ✓	
3. ADDRESS OF OPERATOR 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 660' FNL & 560' FEL (Unit letter A)	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3517' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Squeeze Cmt	<input type="checkbox"/>		<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

In order to maintain oil production and decrease gas voidage, propose to squeeze present Abo perfs 5820-40' & recomplate lower in Abo reef in the following manner:

1. Rig up, kill well & install BOP.
2. POH w/completion assy.
3. RIH w/cmt retr. Set retr @ 5760'.
4. Squeeze cmt perfs 5820-40' w/100 sx LWL cmt & 50 sx Neat cmt w/8# sd/sk. WOC.
5. Drill out cmt & test squeeze.
6. Spot 1 bbl 15% acid across zone to be perf'd.
7. Perforate 5902-14' w/2 JSPF.
8. RIH w/pkr & tbg, set pkr @ approx 5870'.
9. Acidize perfs 5902-14' w/2000 gals 15% LSTNE-DAD treatment.
10. Shut in 12 hrs & swab test.
11. RIH w/completion assy & return to production.

RECEIVED
JUN 23 1975
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Dist. Drlg. Supv.

DATE 6/25/75

(This space for Federal or State office use)

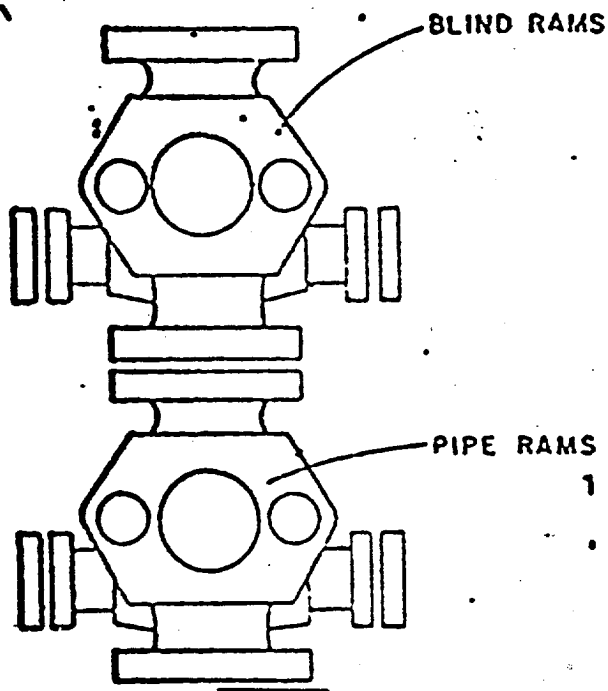
APPROVED BY

TITLE

DATE JUN 24 1975

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "M"

Well No. 12

Location 660' FNL & 560' FEL
Sec 10, T18S, R27E, Eddy Co.

BOP to be tested before installed on well and will be maintained in good working condition during workover. All wellhead fittings to be of sufficient pressure to operate in a safe manner.