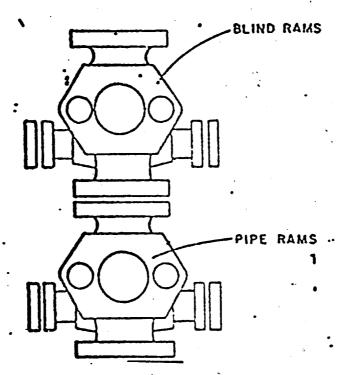
SUNDRY NOTICES AND REPORTS ON WELLS (To not use this form for proposed to adding to deepe or pine back to a different reservoir. The "APPLICATION" OF PRESENT." For all section as a different reservoir. The "APPLICATION" OF PRESENT. The section of the part o	May 1963 N. M. O. DEPAR	UNITED STATES WENT OF THE INTERIOR COL JICAL SURVEY	OR (Other instructions on re	5. LEASE DESIGNATION AND SERIAL NO. LC 065478 (b)
STATE OF OFFERATOR ALTARITOR OF OFFERATOR ALTARITOR OF OFFERATOR P. O. BOX 1710, Hobbs, New Mcxico 88240 P. O. Box 1710, Hobbs, New Mcxico 88240 P. O. Box 1710, Hobbs, New Mcxico 88240 D. C.	SUNDRY NC	TICES AND REPORTS C	N WELLS ack to a different reservoir. oposais.)	
Atlantic Richfield Company JUL 2 1975 Empire Abo Unit "M" JABRESS OF OFERATOR P. O. Box 1710, Hobbs, New Mexico 88240 In Figure 1 Mexico	OIL Y GAS CHURR	R	ECEIVED	
ACTION POSSESSED PROPERTY OF THE PROPERTY OF T	,, 202		UIL 0 107E	
P. O. BOX 1710, Hobbs, New Mexico 88240 Control of west. (Report location clearly and in accordance with any Statement Control of Management of Petow.) 660' FNL & 560' FEL (Unit letter A) 10. Is. Elevations (Show whether or, st., cs. etc.) 3517' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 8. Street of the Management of Street Casino Street Office, Report of Petalinal Street Casino Street Office, Report of Recompletion on Casino Street Office, Report of Recompletion on Casino Street Office, Report of Recompleton Casino Street Office, Report of Recompleton on Well Control of Recompleton Casino Street Office, Report of Recompleton on Well Control of Recompleton Casino Street Office, Report repairs of multiple completion on Well Control of Recompleton Casino Street Office, Report repairs of multiple completion on Well Control of Recompleton Casino Street Office, Report repairs of multiple completion on Well Control of Recompleton Casino Street Office, Report repairs of multiple completion on Well Control of Recompleton Casino Street Office, Report repairs of multiple completion on Well Control of Recompleton Casino Street Office, Report Report Report and Log form.) In order to maintain oil production and decrease gas voidage, propose to squeeze present to the work; we subsurface locations and measured and tree vertical depths for all markets and soness report to maintain oil production and decrease gas voidage, propose to squeeze present to the work; we subsurface locations and measured and tree vertical depths for all markets and soness report to maintain oil production and decrease gas voidage, propose to squeeze present to the work; we subsurface locations and measured and tree vertical depths for all markets and soness report to maintain oil production assy. 3. Rith W/completion assy. 3. Rith W/completion assy. 4. S		ompany -	JUL 2 13/3	
Empire Abo 11. BEC. 7. E. ADO 12. COORTI ON ADD 13. BEC. 7. E. ADO 14. BEC. 7. E. ADO 15. BEC. 7. E. ADO 16. BEC. 7. E. ADO 17. BEC. 7. E. ADO 18. BEC. 7. E. ADO 18. BEC. 7. E. ADO 19. Check Appropriof Box II. ADD 19. Check Appropriof Box II. ADD 10. Shut in 12 hrs & swab test. 11. RIH w/completion assy & return to production. 18. I becopy certify that the foregoing is true and correct 18. I becopy certify that the foregoing is true and correct 18. I becopy certify that the foregoing is true and correct 18. I becopy certify that the foregoing is true and correct 18. I becopy certify that the foregoing is true and correct 18. I becopy certify that the foregoing is true and correct 18. I becopy certify that the foregoing is true and correct 18. I becopy certify that the foregoing is true and correct 18. I becopy ce		s New Mexico 88240	n n.n.	
At surface 660' FNL & 560' FEL (Unit letter A) 10-18S-27E 11. SEC. T. R. M. OR SINC. AND BUCK OR SEA AND BUC	TOCATION OF WELL (Report location	on clearly and in accordance with any	State Femiliem Office	
10.—185.—27F 10	See also space 17 below.) At surface			11. SEC., T., R., M., OR BLK. AND
THE PREMIT NO. 15. REPARTION (Show whether DP, NI, OR, etc.) 3517' GR 12. COUNT OR PARKEN [13. STATE Eddy N.M.] 13. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: 15. SUBSEQUENT REPORT OF: 16. OCCUPATION OF ALTER CASING NUTURE COMPLETE REPAIR WELL (Other) Squeeze Cont 17. DESCRIBE TRACTORS CAMPLETED OPERATIONS (Clearly state all pertitions details, and gree perfected date, including estimated date of startic proposed or complete or recompletion in the proposed of the completion on Well Completion of the Completion of Recompletion of Notice, Report, or Other Tractions of Actions and measured and true retrieval depths of multiple completion on Well Completion on Actions and measured and true vertical depths for all markers and sones proposed to maintain oil production and decrease gas voidage, propose to squeeze predictions and measured and true vertical depths for all markers and sones proposed to maintain oil production and decrease gas voidage, propose to squeeze prediction of the following manner: 1. Rig up, kill well & install BOP. 2. POH w/completion assy. 3. RIH w/comt retr. Set retr @ 5760'. 4. Squeeze cnt perfs 5820-40' w/100 sx LVL 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 JSPT. 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. 18. I hereby certify that the foregoing is true and correct signed. 18. I hereby certify that the foregoing is true and correct signed. 18. I hereby certify that the foregoing is true and correct signed. 18. I hereby certify that the foregoing is true and correct signed. 18. I hereby certify that the foregoing is true and correct signed. 18. I hereby c	660' FNL & 560' FEL	(Unit letter A)		
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTERVITION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) SQUEEZE CMT TEST WATER SHUT-OFF FRACTURE TREAT ARANDON' (COLARGE PLANS (C	DEDICATE NO.	15. ELEVATIONS (Show whether DE	, RT, GR, etc.)	
TEST WATER SHOT-OFF TEST WATER SHOT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE ADARDON* ALTERING CASING ADARDON* CHANGE PLANS CHANGE PLANS CHANGE PLANS (Other) Squeeze Cmt DESCRIPT PROPOSED OR COMPLETE OFFRATIONS (Clearly state all pertinent details, and give pertinent	PERMIT NO.	i i		Eddy N.M.
TEST WATER SHOT-OFF TEST W	Ch. al.	Annuariate Box To Indicate 1	Nature of Notice, Report, or	Other Data
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE MULTIPLE COMPLETE SHOON OR ACIDIZE REPAIR WELL (Other) Squeeze Cmt Squeeze			SUBSI	EQUENT REPORT OF:
TEST WATER MATER AND TO THE PRACTURE TREATMENT ADDRESS AND THE PRACTURE TREATMENT ABANDON'S ABAN			WATER SHUT-OFF	REPAIRING WELL
SHOOT OR ACDIEF REPAIR WELL (Other) Squeeze Cmt (Other) Corps. Recompletion of Medicine of Completion or Medicine of Recompletion of Medicine or Recompletion of Medicine of of Medi	\		1	ALTERING CASING
REPAIR WHLL (Other) Squeeze Cmt Completion or Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 7. DESCRIBE PROFOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of startic proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones proposed work. If we will is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones proposed work. If we will is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones proposed work. If we will is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones proposed work. If we will is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones proposed and true vertical depths for all markers and zones. In order to maintain oil production and decrease gas voidage, proposed to squeeze for an above vertical depths for all markers a	v		SHOOTING OR ACIDIZING	ABANDONMENT*
Completion or Recompletion Reput and E. Completion of Descript Proposed Conference of Starting Proposed Conference of Co	SHOOT OR ACIDIZE	<u> </u>		its of multiple completion on Well
7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details, and give pertinent depths for all markers and zones proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per to this work.)* In order to maintain oil production and decrease gas voidage, propose to squeeze proposed to proposed to proposed to squeeze proposed to p		t <u>x</u>	i Completion of Recor	mpletion Report and Log form.
18. I hereby certify that the foregoing is true and correct SIGNED TITLE Dist. Drlg. Supv. DATE 6/25/75 (This space for External of State office use) APPROVED BY DATE DATE DATE	3. RIH w/cmt retr. 4. Squeeze cmt perf 5. Drill out cmt & 6. Spot 1 bbl 15% a 7. Perforate 5902-1 8. RIH w/pkr & tbg, 9. Acidize perfs 59	Set retr @ 5760'. s 5820-40' w/100 sx LW. test squeeze. cid across zone to be 4' w/2 JSPF. set pkr @ approx 5870 002-14' w/2000 gals 15% swab test.	perf'd. '. LSTNE-DAD treatment '.	RECEIVED
APPROVED BY JUN 24 1	SIGNED	TITLE _		DATE 6/25/75
	APPROVED BY	TITLE TITLE		DATE JUN 2 4 197



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.
	Sec 10, 1100, 12011, 200,

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.

!

-