

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TWO COPIES
(Other Instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

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		5. LEASE DESIGNATION AND SERIAL NO. LC 065478 (b)	
2. NAME OF OPERATOR Atlantic Richfield Company ✓		JUL 29 1975		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		A.R.C. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME	
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)				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	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3517' GR		12. COUNTY OR PARISH Eddy	
				13. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Squeeze cmt	
(Other) <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.)*

On 7/1/75 rigged up, installed BOP & POH w/completion assy. Ran cmt retr on 2-3/8" tbg & set retr @ 5760'. Squeezed perfs 5820-40' w/100 sx Cl C w/.6% Halad 9 & 50 sx Cl C Neat w/8# sd/sk. MP 2400#. Reversed 1 bbl to pit. WOC. Drld out cmt retr. Pressure tested squeeze job to 1000# for 30 mins. Tested OK. Spotted 1 bbl acetic acid @ 5914'. Perf'd 5902-14' w/2 JSPF (26 - .45" holes). RIH w/186 jts 2-3/8" tbg, pkr & 1 jt tail pipe, set pkr @ 5855'. Acidized Abo 5902-14' w/2000 gals 15% HCL-LSTNE acid. MP 3000#, Min 800#, ISIP 450#, 2 min vacuum. On test flwd 120 BO & 0 BWPD, 48/64" ck, FTP 50#. Treated perfs 5902-14' w/2000 gals DAD trtmt flushed w/12 BLC. MTP 750#, Min 0#, ISIP 50#. On vacuum in 3 mins. Swabbed to kick off. In 17 hrs flwd 231 BO & 15 BW, on 44/64" ck, 130# FTP, GOR 1545:1. On 24 hr potential test 7/20/75, flwd 332 BO & 0 BW, 44/64" ck, 125# FTP, GOR 952:1. Prior production was 114 BO, GOR 2360:1. Final Report.

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

SIGNED

TITLE Dist. Drlg. Supv.

DATE 7/22/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side