

NMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 065478 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

RECEIVED

2. NAME OF OPERATOR

Atlantic Richfield Company

APR 5 1978

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)

7. UNIT AGREEMENT NAME

Empire Abo Pressure
Maintenance Project

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Squeeze Cement, Perf Lower

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

TD 6074', PBD 6030'. Present perms 5902-14'. Propose to cmt squeeze present perms & complete lower in reef as follows:

1. Rig up, kill well, install BOP & POH w/compl assy.
2. RIH w/cmt retr, squeeze Abo perms 5902-14' w/400 bbls wtr frac-40 plus 10# J-84, 125 sx Cl C cmt cont'g 1.5% D-60 & 2% CaCl followed by 75 sx Cl C cmt w/2% CaCl.
3. Drill out & pressure test squeeze job.
4. Perf Abo 5980-90' w/2 JSPF. Run compl assy.
5. Acidize Abo perms 5980-90' w/300 gals 15% HCL-NE, 500 gals 10# CaCl wtr, 500 gals LC 2000 gals 60/40 15% HCL/xylene, flush w/18 BLC. Swab test & return to production.

RECEIVED
APR 3 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Dist. Drlg. Supt.

DATE 3/30/78

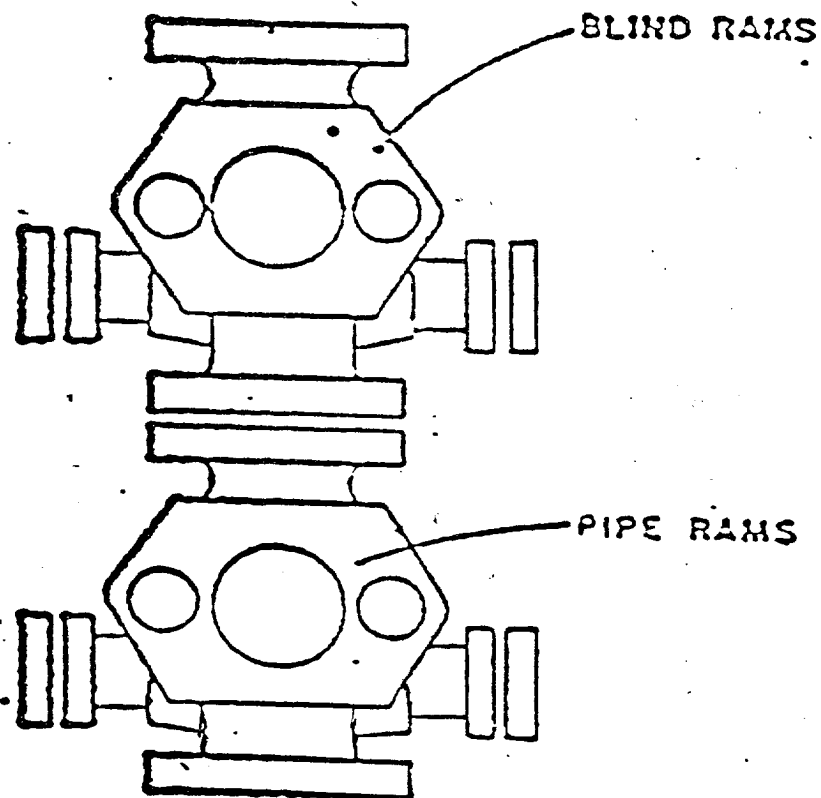
(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE APR 4 - 1978

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "M"

Well No. 12

Location 660' FNL & 560' FEL
Sec 10-18S-27E, Eddy County

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