

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.) 1650' FNL & 2310' FEL  
AT SURFACE:  
AT TOP PROD. INTERVAL: As above  
AT TOTAL DEPTH: As above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO:                        | SUBSEQUENT REPORT OF:    |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>    | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>         | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>       | <input type="checkbox"/> |
| REPAIR WELL <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>   | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>      | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>           | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>               | <input type="checkbox"/> |
| (other) _____                                   |                          |

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.)\*
- Propose to repair gas leak in 8-5/8" x 4 1/2" csg annulus in the following manner:
1. Rig up, kill well, install BOP, run noise log thru tbg. POH w/ tbg & pkr.
  2. Set RBP @ 5850', spot 2 sx sd on top.
  3. RIH w/ pkr set above leak, establish circ. POH w/ pkr.
  4. Set cmt retr above leak, pump Cl C cmt w/ 2% CaCl<sub>2</sub> thru leak w/ amt to circ to surf. WOC.
  5. Drill out retr & cmt. Pressure test squeeze job.
  6. Circ sd off BP. Rec BP @ 5850'.
  7. RIH w/comp assy, return to production.

Verbal approval from Mr. John Wade USGS, Artesia to Don Shackelford, ARCO on 9/23/80. OK to proceed with well repair.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Jerry W. Schmidt TITLE Dist. Drlg. Supt. DATE 9/23/80

(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 "N"

9. WELL NO.

11

10. FIELD OR WILDCAT NAME

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

14. API NO.

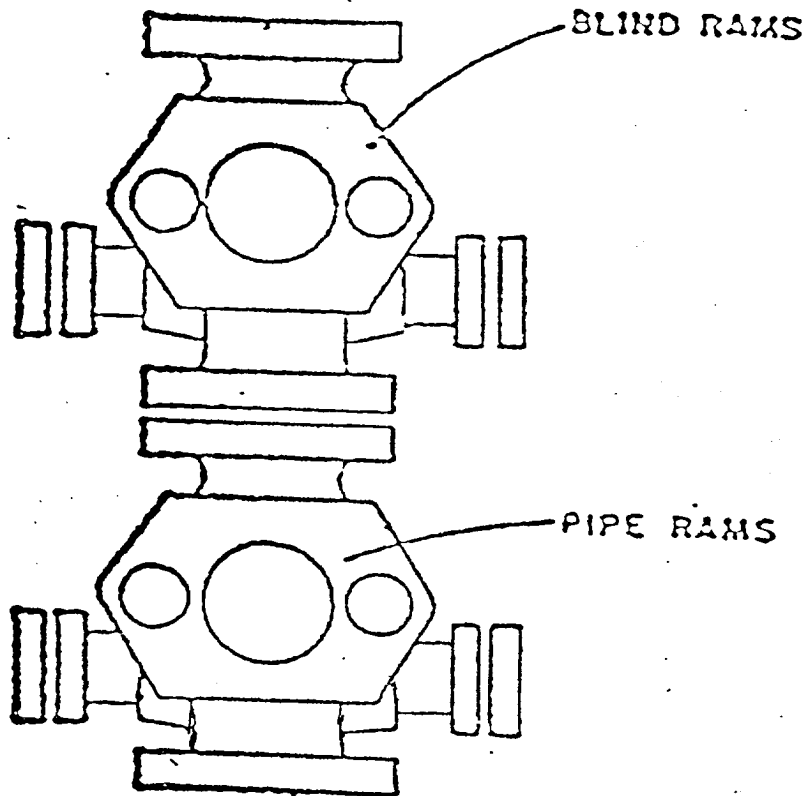
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3471' GR

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

APPROVED

SEP 30 1980

for DISTRICT SUPERVISOR



ATLANTIC RICHFIELD COMPANY  
Blow Out Preventer Program

Lease Name Empire Abo Unit "N"

Well No. 11

Location 1650' FNL & 2310' FEL  
Sec 10-18S-27E, Eddy Co, New Mex

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.