

N. M. O. C. C. CORP.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 025604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Empire Abo Unit "O"

9. WELL NO.

9

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.

1.

OIL ☒ WELL GAS ☐ WELL OTHER ☐

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

1980' FSL & 660' FWL (Unit Letter L)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3474' RDB

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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Shut-in, Allowable Transferred X

(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.)*

The above well was shut-in October 1, 1973. This is a high GOR well. Allowable was transferred under NMOCC Orders R-4548, R-4549, R-4549-A, R-4549-B.

RECEIVED

OCT 21 1975

O. C. C.
ARTESIA, OFFICE

RECEIVED

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

SIGNED [Signature]

TITLE Dist Prod & Drlg Supt

DATE 9-26-75

(This space for Federal or State office use)

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 20 1975

H. L. BEECHER

ARTESIA DISTRICT

*See Instructions on Reverse Side