

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI. DATE*
(Other instructions on re-
verse 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 proposal.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Atlantic Richfield Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1710, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Empire Abo Unit "J"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2500' FEL & 2500' FNL (Unit Ltr G)		9. WELL NO. & DATE 1-191	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Empire Abo	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3635.7' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 1-T18S-R27E	
		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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud, run surf csg & cmt. <input checked="" type="checkbox"/>	
(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 and 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.) *

Spudded 11" hole @ 1:00 am 8-5-75. Lost returns @ 150'. Fin drlg 11" hole to 1001' with returns. Ran 8-5/8" OD 24# K-55 csg set @ 1001'. FC @ 917' and FS on bottom. Cmtd 8-5/8" OD csg w/350 sx Class "C" cmt w/2% A-2, 8# salt & 1# cello flake/sk. followed by 200 sx Class "C" w/2% Ca Cl₂. Plug down w/800# @ 10:15 am 8-7-75. Cmt did not circ. WOC 4 hrs. Ran temp survey. Indicated TDC @ 75' from surf. Cmtd back of 8-5/8" OD csg 75' to surface w/10 yds ready mix. WOC 24 hrs. Pressure tested 8-5/8" csg to 1000# for 30 mins. Tested OK. Commence drlg 7-7/8" hole on 8-8-75.

RECEIVED
AUG 14 1975
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED La Roy Frost TITLE Dist Drlg Supervisor DATE 8-14-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side