

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 062412

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Empire Abo Pressure

Maintenance Project

8. FARM OR LEASE NAME

Empire Abo Unit "J"

9. WELL NO.

191

10. FIELD AND POOL, OR WILDCAT

Empire Abo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

1-18S-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

2500' FEL & 2500' FNL (Unit Letter "G")

14. PERMIT NO.

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

3635.7 GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Squeeze Gas Channel

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated dates of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for each zone pertinent to this work.) *

Propose to repair gas channel in the following manner:

1. Rig up, kill well, POH w/CA, install BOP.
2. Set cmt retainer @ 6030'.
3. Pump produced wtr cont'g 6#/gal. ground limestone & screen out Abo Perfs 6055-90'.
4. POH w/tbg, set cmt retr. @ 5900'.
5. Squeeze Abo Perfs @ 6012' w/35 sx thixotropic cmt. Drill out & test. Return to production. Approved per verbal phone conversation between Don Shackelford and Mr. Jim Knauf, USGS, on 6-27-78.

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

SIGNED

TITLE Dist. Drlg. Supt.

DATE 6-27-78

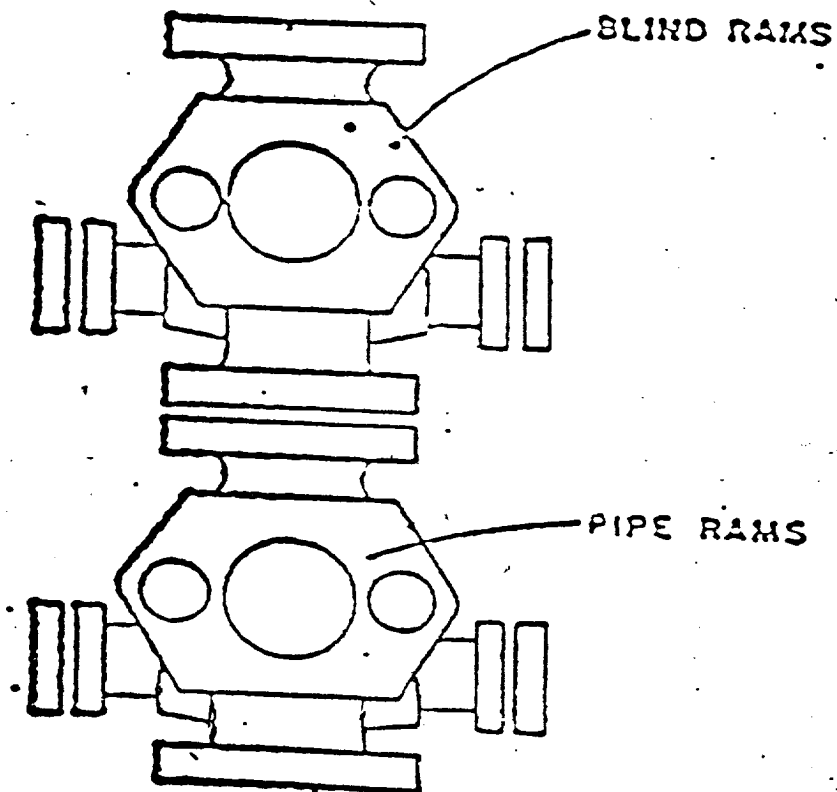
(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE JUN 30 1978

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "J"

Well No. 191

Location 2500' FEL & 2500' FNL, Sec 1,
T-18-S, R-27-E, Eddy Co., N.M.

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.