

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**U. S. C. COPY**  
SUBMIT IN TRI  
(Other instructio  
verse side)

30-015-21554  
Form approved.  
Budget Bureau No. 42-R1624.

**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.)

**RECEIVED**

1. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		7. <b>UNIT AGREEMENT NAME</b>	
2. <b>NAME OF OPERATOR</b> Atlantic Richfield Company		8. <b>FARM OR LEASE NAME</b> Empire Abo Unit "K"	
3. <b>ADDRESS OF OPERATOR</b> P. O. Box 1710, Hobbs, New Mexico 88240		9. <b>WELL NO.</b> 181	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1367' FWL & 2050' FSL (Unit Letter K)		10. <b>FIELD AND POOL, OR WILDCAT</b> Empire Abo	
14. <b>PERMIT NO.</b>		11. <b>SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec 1-T18S-R27E	
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 3588.6' GR		12. <b>COUNTY OR PARISH</b> Eddy	
		13. <b>STATE</b> N.M.	

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

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

<table border="0" style="width:100%;"> <tr> <td style="width:50%;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) <input type="checkbox"/></td> </tr> </table>	TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>		<table border="0" style="width:100%;"> <tr> <td style="width:50%;">WATER SHUT-OFF <input type="checkbox"/></td> <td style="width:50%;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) <input type="checkbox"/></td> </tr> </table>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	(Other) <input type="checkbox"/>	
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(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 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.) \*

Unorthodox well location approved by Administrative Order NSL-706 under the provisions of Rule 14 of Order No. 4549B and as approved by your office on Application for Permit to Drill dated 5/23/75 has been changed.

The new unorthodox well location as approved by Administrative Order NSL-719 is located 1367' from the South line & 1440' from the West line, Unit letter K, Section 1-T18S-R27E. The new location ground level elevation is 3586.5'.

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SEP - 8 1975  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED \_\_\_\_\_ TITLE Dist. Drlg. Supv. DATE 9/3/75

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side

**RECEIVED**  
SEP 9 1975  
H. L. BECKMAN  
ACTING DISTRICT ENGINEER

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section

Owner <b>Atlantic Richfield Company</b>			Lease <b>Empire Abo Unit "K"</b>		Well No. <b>181</b>
Section <b>K</b>	Section <b>1</b>	Township <b>18 South</b>	Range <b>27 East</b>	County <b>Eddy</b>	
Actual Wellbore Location of Well: <b>1367</b> feet from the <b>South</b> line and <b>1440</b> feet from the <b>West</b> line					
Ground Level Elev. <b>3586.5</b>	Producing Formation <b>Abo Reef</b>	Pool <b>Empire</b>	Dedicated Acreage: <b>40</b> Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

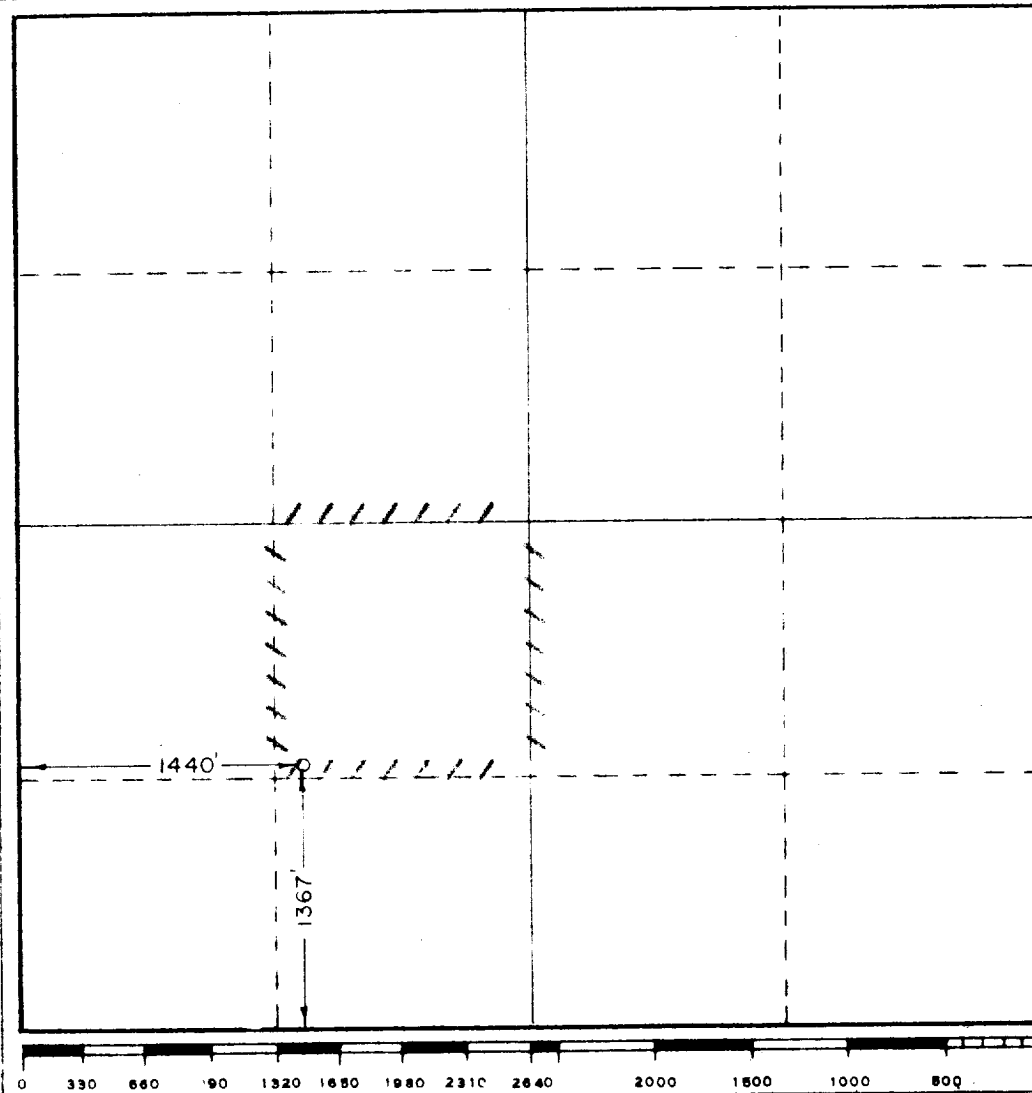
**RECEIVED**

**SEP 8 1975**

☒ Yes ☐ No If answer is "yes," type of consolidation Unitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name [Signature]  
Position **Dist. Orig. Supv.**  
Company **Atlantic Richfield Company**  
Date **9/3/75**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Survey **9/3/75**  
Registered Professional Engineer and Land Surveyor  
**John W. West**  
State of New Mexico  
Certificate No. **676**