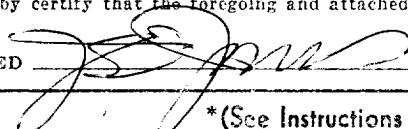


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY(See instructions on
reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC 062412	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE 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 "K"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1367' FSL & 1440' FWL (unit letter K) At top prod. interval reported below At total depth		9. WELL NO. 181	
14. PERMIT NO.		DATE ISSUED NOV 21 1975	
15. DATE SPOOLED 9/17/75		16. DATE T.D. REACHED 10/17/75	
17. DATE COMPL. (Ready to prod.) 10/30/75		18. ELEVATIONS (BF, REB, RT, GR, ETC.)* 3586.5' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6203'	
21. PLUG, BACK T.D., MD & TVD 6200'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS RATED BY 0-6203'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6082-6110' Abo	
25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron, Dual Laterolog, Gamma Ray Correlation	
27. WAS WELL CORED No		28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, lb./ft.	
8-5/8" OD		24#	
5 1/2" OD		14#	
Depth Set (MD)		Hole Size	
1000'		11"	
6203'		7-7/8"	
Cementing Record		Amount Pulled	
450 sx			
1030 sx			
29. LINER RECORD		30. TUBING RECORD	
Size		Top (MD)	
Bottom (MD)		Sacks Cement*	
Screen (MD)		Size	
Depth Set (MD)		Packer Set (MD)	
2-3/8" OD		6000'	
5969'			
31. PERFORATION RECORD (Interval, size and number) 6082-6110' w/2 JSPF = 57 - .45" holes		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Depth Interval (MD)		Amount and Kind of Material Used	
6170-90' 4000 gal		15% HCL-LSTNE acid & 2000 gals	
50/50		HCL/xylene	
6170-90' Cmt squeezed w/125 sx			
6082-6110' 4000 gal		15% HCL-LSTNE & 2000 gals 50/50	
33.* PRODUCTION		HCL-LSTNE/xylene	
Date First Production 10/30/75		Production Method (Flowing, gas lift, pumping—size and type of pump) Flowing	
Well Status (Producing or shut-in) Producing			
Date of Test 11/10/75		Hours Tested 24 hrs	
Choke Size 48/64"		Prod'n. for Test Period →	
Oil—BBL. 249		Gas—MCF. 159	
Water—BBL. 0		Gas-Oil Ratio 639:1	
Flow. Tubing Press. 80#		Casing Pressure Pkr	
Calculated 24-hour Rate →		Oil—BBL. 249	
Gas—MCF. 159		Water—BBL. 0	
Oil Gravity-API (CORR.) 44°			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		TEST WITNESSED BY N. H. Truitt	
35. LIST OF ATTACHMENTS Logs as listed in Item 26 above, Inclination Report & Directional Survey			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED 		TITLE District Engr. Supv.	
DATE 11/13/75			

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 37.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 13: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Seals Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF FORMER ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORREL. INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, PLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP
					MEAS. DEPTH TRUE VERT. DEPTH
				Abo	5986'