

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 065478 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Empire Abo Unit "M"

9. WELL NO.

121

10. FIELD AND POOL, OR WILDCAT

Empire Abo

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

10-T18S-R27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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.)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

900' FEL & 10' FNL (Unit letter A)

14. PERMIT NO.

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

3511.2' GR

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) Spud, run & cmt surf csg

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

Spudded 11" hole @ 11:45 PM 8/19/75. Lost circ @ 55', drld dry to 80', regained circ. Lost returns @ 544', regain circulation. Finished 11" hole to 1010' @ 10 AM 8/22/75. Ran 8-5/8" OD 24# K-55 csg w/FS & FC. Csg set @ 1010'. FC @ 923'. Cmtd w/350 sx Cl C w/4% gel, 6# salt, 2% CaCl & 1/4# Celloflake, followed by 200 sx Cl C w/6# salt, 2% CaCl, PD @ 4:45 PM 8/22/75. Circ 160 sx cmt. WOC 8 hrs. Press tested csg to 1000# for 30 mins, tstd OK. In accordance w/Rule 107 the following compressive strength criterion is furnished:

1. Volume of cmt slurry (515 cu ft). Brand names, additives, per cent additives and sequence of placement are shown above.
2. Approx temp of cmt slurry when mixed was 80° F.
3. Estimated minimum formation temp in zone of interest was 70° F.
4. Estimate of cement strength at time of casing test was 1000 psi.
5. Actual time cmt in place prior to starting test was 8 hrs.

Started drlg formation @ 3:30 PM 8/23/75.

RECEIVED
AUG 28 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 8/26/75

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side