

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. 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 065478 (b)	
2. 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. RESER. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. NAME OF OPERATOR Atlantic Richfield Company		7. UNIT AGREEMENT NAME	
4. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Empire Abo Unit "M"	
5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 900' FEL & 10' FNL (Unit letter A) At top prod. interval reported below At total depth as above		9. WELL NO. 121	
10. FIELD AND POOL, OR WILDCAT Empire Abo		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 10-T18S-R27E	
12. COUNTY OR PARISH Eddy		13. STATE N.M.	
14. PERMIT NO.		DATE ISSUED OCT 17 1975	
15. DATE SPUDDED 8/19/75		16. DATE T.D. REACHED 9/19/75	
17. DATE COMPL. (Ready to prod.) 9/28/75		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3511.2' GR	
19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6200'	
21. PLUG, BACK T.D., MD & TVD 6151'		22. IF MULTIPLE COMPL., HOW MANY*	
23. INTERVALS DRILLED BY 0-6200'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 5964-5991' Abo	
25. WAS DIRECTIONAL SURVEY MADE No		26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray Neutron & Dual Laterolog w/Gamma Ray	
27. WAS WELL CORED Yes		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number)		ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
5964-5991' (55 holes, .45" size)		5964-5991' 4000 gal 15% HCL-LSTNE w/iron seques-	
		trant followed by 2000 gal Para-clean	
		50/50 ratio 15% HCL-LSTNE/xylene	
32. PRODUCTION		33. WELL STATUS (Producing or shut-in) Producing	
DATE FIRST PRODUCTION 9/28/75		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing	
DATE OF TEST 10/2/75		HOURS TESTED 24	
CHOKE SIZE 48/64"		PROD'N. FOR TEST PERIOD 517	
OIL—BBL. 517		GAS—MCF. 441	
WATER—BBL. 12		GAS-OIL RATIO 853:1	
FLOW. TUBING PRESS. 155#		CASING PRESSURE Pkr	
CALCULATED 24-HOUR RATE 517		OIL—BBL. 517	
GAS—MCF. 441		WATER—BBL. 12	
OIL GRAVITY-API (CORR.) 44.0		TEST WITNESSED BY N. H. Truitt	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		35. LIST OF ATTACHMENTS Logs as listed in Item 26 above & Inclination Report	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records		37. SIGNED [Signature] TITLE Dist. Drlg. Supv. DATE 10/7/75	

*(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 35.

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 18: 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: "Sacks 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 POROUS 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, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH	TRUE VERT. DEPTH
Abo Core #1	5696'	5713'	Rec 16.5' Dolomite, Pin Point Porosity, vertical fracture, carbonaceous, fractures stylolites.	Abo	5742'	5742'
Abo Core #2	5713'	5737'	Rec 24' Dolomite, Pin Point Porosity, shale, vugs, fractures, anhydrite inclusions.			
Abo Core #3	5737'	5781'	Rec 44' Dolomite, Pin Point Porosity, vertical fractures, anhydrite, stylolites.			
Abo Core #4	5781'	5815'	Rec 34' Dolomite, Pin Point Porosity, Stylolites, anhydrite			