

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 \*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/>		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 _____		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) At surface 2370' FWL & 1533' FSL (Unit letter K)  At top prod. interval reported below  At total depth as reported on Directional Survey & Inc. Report		5. LEASE DESIGNATION AND SERIAL NO. NM 0557371		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME Empire Abo Pressure Maintenance Project		8. FARM OR LEASE NAME Empire Abo Unit "K"		9. WELL NO. 182		10. FIELD AND POOL, OR WILDCAT Empire Abo		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 1-T18S-R27E		12. COUNTY OR PARISH Eddy		13. STATE N.M.			
15. DATE SPUDDED 5/6/76		16. DATE T.D. REACHED 5/21/76		17. DATE COMPL. (Ready to prod.) 6/1/76		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3613' GR		19. ELEV. CASINGHEAD		20. TOTAL DEPTH, MD & TVD 6369'		21. PLUG, BACK T.D., MD & TVD 6308'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0-6369'		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6111-6136' Abo Reef		25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN Directional Survey, Dual Laterolog w/RXO & Caliper, GR-Neutron, GR Collar		27. WAS WELL CORED No					
28. CASING RECORD (Report all strings set in well)																													
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED																			
8-5/8" OD		24# K-55		1003'		11"		540 SX																					
5 1/2" OD		14&15.5#K-55		6369'		7-7/8"		1275 SX																					
29. LINER RECORD																													
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD																			
										SIZE		DEPTH SET (MD)		PACKER SET (MD)															
										2-3/8" OD		6104'		6071'															
31. PERFORATION RECORD (Interval, size and number)																													
6111-6136' (.44" - 51 holes)																													
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																													
DEPTH INTERVAL (MD)																													
6111-6136																													
AMOUNT AND KIND OF MATERIAL USED																													
3000 gals HCL-LSTNE w/iron sequestrant agent & 3000 gals 50/50 ratio 15% HCL/xylene																													
33.* PRODUCTION																													
DATE FIRST PRODUCTION 6/1/76		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing										WELL STATUS (Producing or shut-in) Producing																	
DATE OF TEST 6/10/76		HOURS TESTED 24		CHOKE SIZE 36/64"		PROD'N. FOR TEST PERIOD		OIL—BBL. 201		GAS—MCF. 144		WATER—BBL. 0		GAS-OIL RATIO 716:1															
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL. 201		GAS—MCF. 144		WATER—BBL. 0		OIL GRAVITY-API (CORR.) 44°																	
130#		Pkr																											
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold																													
35. LIST OF ATTACHMENTS Reports as listed in Item 26 above																													
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																													
SIGNED		TITLE										Dist. Drlg. Supv.		DATE		6/15/76													

\* (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 33.

**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; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS		
				NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Abo Reef	6010'	