

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-B1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM 0557371 | |
| 2. NAME OF OPERATOR Atlantic Richfield Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR Box 1710, Hobbs, New Mexico 88240 | | 7. UNIT AGREEMENT NAME Empire Abo Pressure Maintenance Project | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2370' FWL & 1533' FSL (Unit letter K) | | 8. FARM OR LEASE NAME Empire Abo Unit "K" | |
| 14. PERMIT NO. | | 9. WELL NO. 182 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3613' GR | | 10. FIELD AND POOL, OR WILDCAT Empire Abo | |
| | | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 1-18S-27E | |
| | | 12. COUNTY OR PARISH Eddy | |
| | | 13. STATE N.M. | |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Squeeze & Complete Lower

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Propose to squeeze Abo and complete lower in order to lower producing GOR in the following manner:

1. Rig up, POH w/compl assy, install BOP.
2. Squeeze cmt perfs 6111-6136' w/LWL cmt.
3. Drill out to 6220', run CBL 6220-4220'.
4. Perforate lower in Abo 6203-6213' w/2 JSPF.
5. Acidize w/150 gals 15% HCL-LSTNE acid, 1000 gals gelled 10 PPG CaCl wtr, 1000 gals gelled lease crude, 1500 gals 15% HCL-LSTNE acid.
6. Swab back load, test, run compl assy, return to production.

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

SIGNED

Joe D. Lara

TITLE

Dist. Drlg. Supt.

DATE

1/26/79

(This space for Federal or State office use)

APPROVED BY

Joe D. Lara

TITLE

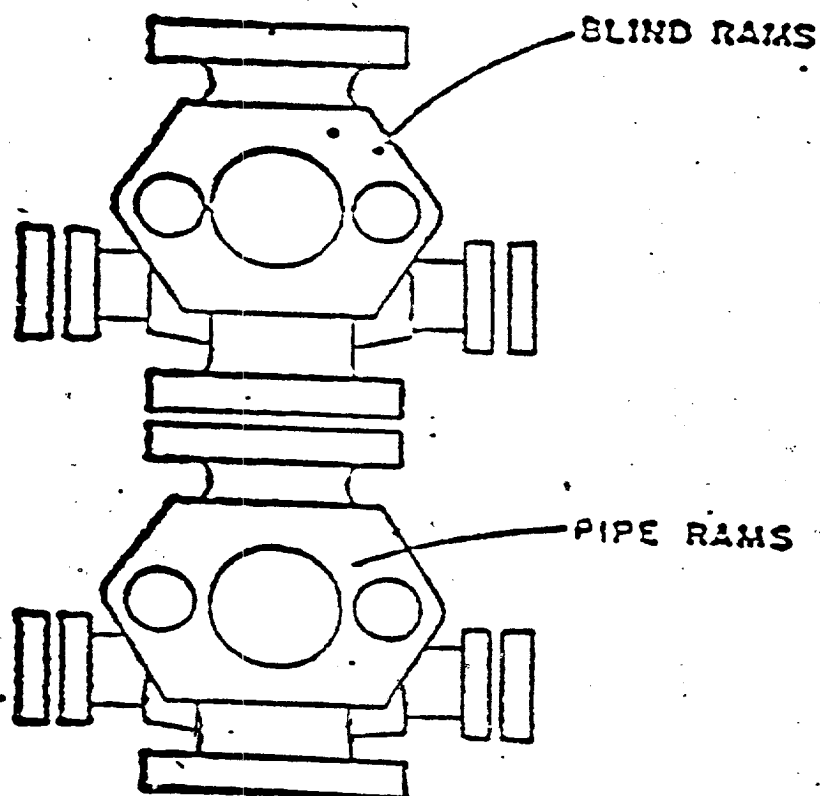
ACTING DISTRICT ENGINEER

DATE

JAN 31 1979

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "K"

Well No. 182

Location 2370' FWL & 1533' FSL
Sec 1-18S-27E, Eddy County

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.