

UNMOCC COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instructio
verse side)DATE*
on re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 016788

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.

191

10. FIELD AND POOL, OR WILDCAT

Empire Abo

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

1-18S-27E

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED MAR - 7 1978 O. C. C. ARTESIA, OFFICE	7. UNIT AGREEMENT NAME Empire Abo Pressure Maintenance Project
2. NAME OF OPERATOR Atlantic Richfield Company ✓		8. FARM OR LEASE NAME Empire Abo Unit "K"
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		9. WELL NO. 191
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1526' FSL & 1470' FEL (Unit letter J0)		10. FIELD AND POOL, OR WILDCAT Empire Abo
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3627.4' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-18S-27E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

18. 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 ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐(Other) Squeeze Cmt & Compl Lower in X Reef ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐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.)*

Propose to squeeze present Abo perfs 6056-66' and complete lower in temporarily blanked off perfs 6154-72' in the following manner:

1. Rig up, kill well, install BOP & POH w/compl assy.
2. RIH w/pkr, set pkr & test CIBP @ 6130'. POH w/pkr.
3. RIH w/cmt retr, set retr @ 6000'.
4. Squeeze perfs 6056-66' w/200 bbls 10#/gal brine cont'g 20#/gal Gual-gel, followed by 50 bbls lease crude followed by 100 bbls Injectrol G weighted 8.4#/gal, followed by 100 sx Class C cmt cont'g 6#/sk sand.
5. Drill out & press test squeeze job w/1500# for 30 mins. Drill out CIBP @ 6130'.
6. RIH w/completion assy, acidize perfs 6154-6172' w/500 gals 60/40 15% HCl/xylene. Swab test & return to production.

RECEIVED
MAR 3 - 1978
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Dist. Drlg. Supt.

DATE 3/2/78

(This space for Federal or State office use)

APPROVED BY

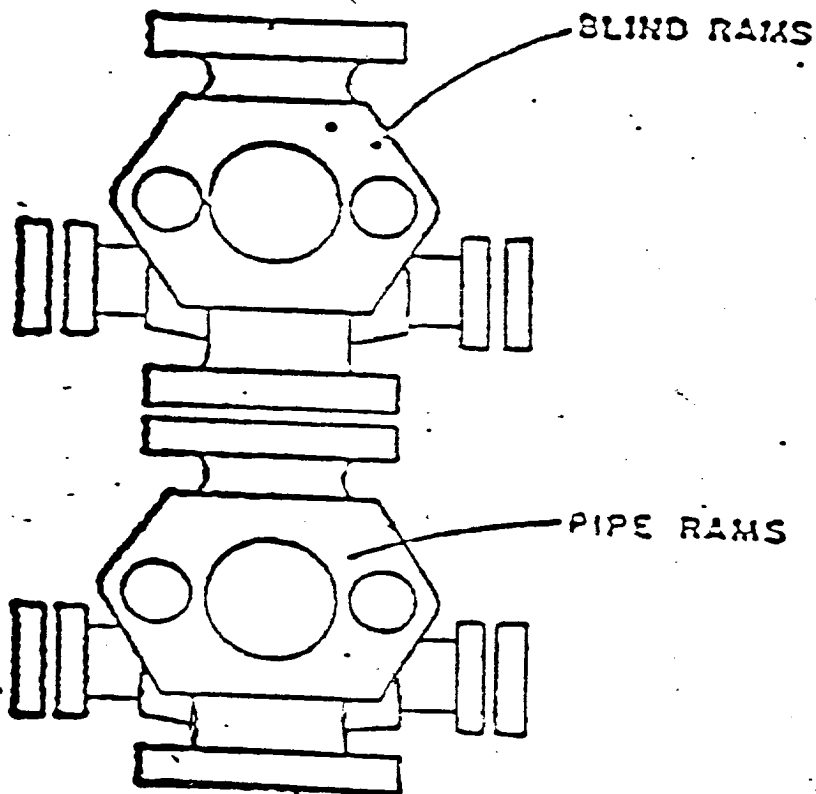
TITLE

ACTING DISTRICT ENGINEER

DATE

MAR 6 - 1978

CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "K"

Well No. 191

Location 1526' FSL & 1470' FEL
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.