

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP DATE
(Other instructive
verse side)copy to SF
Form Approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 025604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Empire Abo Pressure
Maintenance Project

8. FARM OR LEASE NAME

Empire Abo Unit "N"

9. WELL NO.

901

10. FIELD AND POOL, OR WILDCAT

Empire Abo

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

10-18S-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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 17110, 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

2390' FNL & 940' FWL (Unit Letter E)

14. PERMIT NO.

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

3596.3' 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 @ 4:00 PM 8/4/77. Lost returns @ 40', drld w/o returns to 1000'. Fin 11" hole to 1000' @ 8:30 PM 8/5/77. Ran 8-5/8" OD 24# K-55 csg, set @ 1000', FC @ 922'. Cmt 8-5/8" OD csg w/350 sx Cl C cmt cont'g 4% gel, 2% CaCl, 1/4# flocele/sk, 6# NaCl/sk, 5# Kolite/sk followed by 100 sx Cl C cont'g 2% CaCl. BP w/1000# @ 2:30 AM 8/6/77. Did not circ. to surface. Tagged cmt @ 29' FS, cmt behind 8-5/8" OD csg 29' to surface w/7 yds Redi-mix. WOC 16 hrs. Press tstd csg to 1000# 30 mins OK. The following compressive strength criterion is furnished for cmtg in accordance w/Option 2 of the OCC Rules & Regulations.

1. Volume of cmt slurry when mixed was 585 cu ft of Cl C cont'g 4% gel, 2% CaCl, 1/4# flocele/sk, 6# NaCl/sk, 5# Kolite/sk followed by 132 cu ft of Cl C cmt cont'g 2% CaCl followed by 189 cu ft Redi-mix.
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 cmt strength at time of csg test was 2100 PSIG.
5. Actual time cmt in place prior to starting test was 16 hrs.

Commenced drlg 7-7/8" hole @ 7:45 PM 8/6/77.

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

SIGNED

TITLE Dist. Drlg. Supt.

DATE 8/10/77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side