

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP  
(Other instruction, reverse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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"/>		7. UNIT AGREEMENT NAME Empire Abo Pressure Maintenance Project	
2. NAME OF OPERATOR Atlantic Richfield Company		8. FARM OR LEASE NAME Empire Abo Unit "1"	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		9. WELL NO. 121	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1186' FSL & 200' FEL (Unit Letter P)		10. FIELD AND POOL, OR WILDCAT Empire Abo	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-18S-27E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3509.3' GR		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

MAY 10 1977

A.B.C.  
ARTESIA, OFFICE

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Run surface csg & cmt.			<input checked="" type="checkbox"/>

(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 @ 7:30 PM 4/27/77. Lost circ @ 125', pmpd 100 BM, failed to get returns. Drld to 315', fluid standing 10' FS. Fin drlg 11" hole to 1000'. Ran 8-5/8" OD 24# K-55 csg. Set csg @ 1000'. Cmdt 8-5/8" csg w/300 sx Cl C cmt cont'g 4% gel, 6# salt/sk, 2% CaCl & 1/4#/sk flocele, followed by 100 sx Cl C cont'g 6# salt/sk & 2% CaCl. Cmdt 25' FS. Plug down @ 10:00 AM 4/29/77. WOC 4 hrs. Dumped 1 1/2 yds Redi-mix 25' to surf behind 8-5/8" csg. WOC 13 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. The volume of cmt slurry was 507 cu ft of Cl C cmt cont'g 4% gel, 6# salt/sk, 2% CaCl & 1/4#/sk flocele, followed by 132 cu ft Cl C cont'g 6# salt/sk & 2% CaCl. Plus 41 cu ft Redi-mix cmt.
2. Approximate temperature of cmt slurry when mixed was 75°.
3. Estimated minimum formation temperature in zone of interest was 70°.
4. Estimate of cmt strength at time of csg test was 2150 PSIG.
5. Actual time cmt in place prior to starting test was 13 hrs.

Started drlg new formation @ 11:00 PM 4/29/77.

RECEIVED  
MAY 04 1977  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Dist. Drlg. Supt.

DATE 5/3/77

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE MAY 9 - 1977

CONDITIONS OF APPROVAL, IF ANY: