

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR ARCO Oil & Gas Company
Division of Atlantic Richfield Co.
3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1300' FNL & 1220' FWL
AT TOP PROD. INTERVAL: (Unit Letter D)
AT TOTAL DEPTH: As Above
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

(other) Squeeze Abo perms. & complete
lower in reef

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.)*

1. Rig up, kill well, install BOP, POH w/comp. assy.
2. RIH w/cmt. retr., set retr. @ 5730'
3. Squeeze perms. 5766-84' w/75 sx. LWL cmt. & 75 sx. Cl "C" cmt. w/2% Ca Cl₂
4. Drill out cmt. to 5820'. Press. test squeeze job to 1500#
5. Drill out cmt. to 5790'. Press. test csg. to 1500#
6. Run GR-CCL log. Perf. lower in Abo 5928-5940' w/2 JSPF
7. RIH w/comp. assy. Treat perms. 5928-5940' w/150 gals. 15% HCL-LSTNE-FE acid, 1000 gals. gelled Ca Cl₂ wtr., 1000 gals. gelled lease crude, 1500 gals. 15% HCL-LSTNE-FE acid, flushed w/LC. Swab test & return to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

Blowout Preventer Program attached.

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

SIGNED George H. Stewart TITLE Dist. Drlg. Supt. DATE 3-18-80

(Orig. Sgd.) GEORGE H. STEWART (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAR 14 1980
CONDITIONS OF APPROVAL, IF ANY: _____

5. LEASE	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 "M"
9. WELL NO.	901
10. FIELD OR WILDCAT NAME	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.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	3507.7' GR

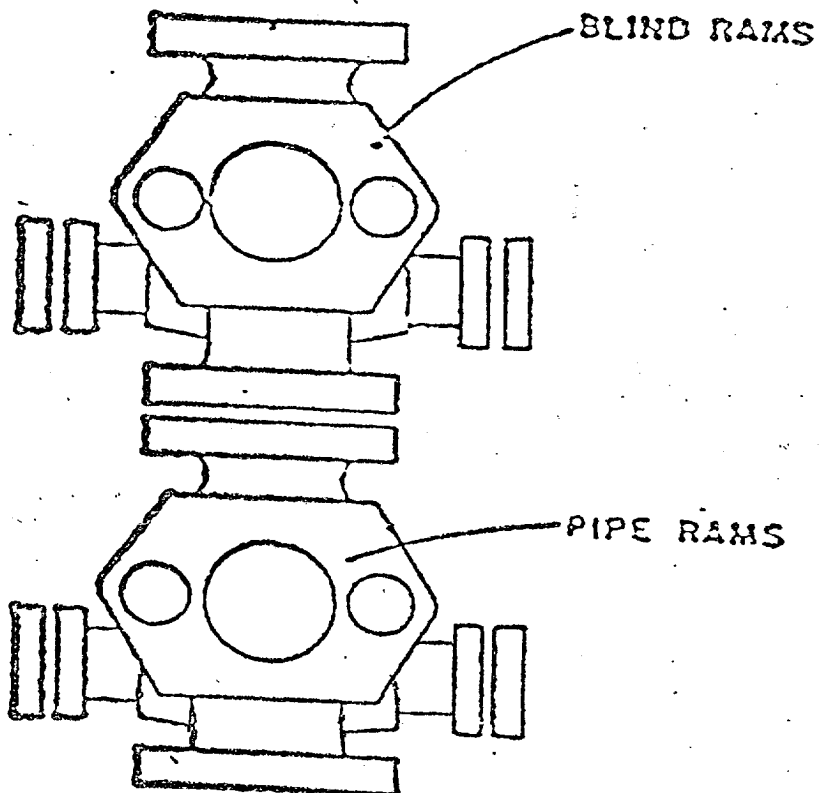
RECEIVED

MAR 27 1980

O. C. D.

ARTESIA, OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "M"

Well No. 901

Location 1300' FNL & 1220' FWL
10-18S-27E, Eddy County, N.M.

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.