| Form 9-331<br>(May 1963)<br>EVENUE OF THE INTERIOR (Other instruction is re-<br>DEPARTMEL, OF THE INTERIOR verse side)<br>GEOLOGICAL SURVEY   |  |   |  |
|---|--|---|--|
|   |  | plug back to a different reservoir.<br>such proposals.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| 1.<br>OIL GAS<br>WELL WELL OTH<br>2. NAME OF OPERATOR   | ER   | RECEIVED  | 7. UNIT AGREEMENT NAME<br>Empire Abo Pressure<br><u>Maintenance Project</u><br>8. FARM OR LEASE NAME   |
| Atlantic Richfield<br>3. ADDRESS OF OPERATOR  | Company                                      | AUG 1 5 1977  | Empire Abo Unit "M"<br>9. WELL NO.   |
| P. O. Box 1710, Hobbs, New Mexico 88240 O. C.   |  |   | 901<br>10. FIELD AND POOL, OR WILDCAT<br>Empire Abo  |
|   |  |   | 11. SEC., T., B., M., OR BLK. AND<br>SURVEY OR ARDA<br>10-18S-27E  |
| 14. FERMIT NO.  | 15. ELEVATIONS (Show whet                    | her DF, RT, GR, etc.)                                   | 12. COUNTY OF PARISH 13. STATE   |
| ··  | 3507.7' GF                                   |   | Eddy N.M.  |
| 16. Charl   |  |   |  |
| Clieck  | $\mathbf{Appropriate Dox io indice}$         | ate Nature of Notice, Report, or (                      |  |
|   | INTENTION TO:                                | SUBSEC  | QUENT REPORT OF:   |
| TEST WATER SHUT-OFF   | PULL OR ALTER CASING                         | WATER SHUT-OFF  | REPAIRING WELL   |
| FRACTURE TREAT  | MULTIPLE COMPLETE                            | FRACTURE TREATMENT                                      | ALTERING CASING  |
| SHOOT OR ACIDIZE  | ABANDON*                                     | (Other) Change in                                       |  |
| (Other)   |  |   | s of multiple completion on Well<br>pletion Report and Log form.)  |
|   | t well number should<br>rdingly effective th | l have read Empire Abo<br>nis date.                     | Unit "M" #901. Please  |
|   |  |   | The Transformed and the terms of terms of the terms of te |
| A second s |  | Ported<br>I Dong<br>I Change                            | HU.S. GEULUGICAL MEXICO<br>ARTESIA, NEW MEXICO   |
| 18. I hereby certify that the forego<br>SIGNED  | ing is true and correct                      | Dist. Drlg. Supt.                                       | DATE7/28/77  |
| (This space for Feferer of Stat   | e office use)                                |   |  |
| A CONDITIONS OF APPROVAL,   | IF ANY:                                      | · · · · · · · · · · · · · · · · · · ·                   | DATE   |
| ACTING DISTRICT ENCINEER  | *See Instruc                                 | ctions on Reverse Side                                  |  |