

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 065478-B	
2. NAME OF OPERATOR Atlantic Richfield Company		7. UNIT AGREEMENT NAME Empire Abo Pressure Maintenance Project	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Empire Abo Unit "M"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  990' FNL & 1300' FEL (Unit letter A)		9. WELL NO. 122	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Empire Abo	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3499.9' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-18S-27E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

## 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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## 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) Spud, Run & Cmt Surf Csg <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 @ 9:30 AM 5/17/77. Drld 11" hole to 1000' @ 2:00 AM 5/19/77 w/partial returns. Run 8-5/8" OD 24# K-55 ST&C csg, set @ 1000'. FC @ 919'. Cmtd 8-5/8" OD csg w/325 sx Cl C cmt cont'g 4% gel, 6# salt/sk, 2% CaCl, 1/4# flocele/sk followed by 100 sx Cl C cmt cont'g 6#/sk salt, 2% CaCl. PD w/1000# @ 8:10 AM 5/19/77. Filled cellar to surface w/2 yds Redi-mix. Cmt circ. WOC 13 1/4 hrs. DO FC & cmt to 999'. Press tstd csg to 1000# 30 mins OK. The following compressive strength criterion is furnished for cmtg by Option 2 of the OCC Rule & Regulations:

1. Volume of cmt slurry was 549 cu ft Cl C cmt cont'g 4% gel, 6# salt/sk, 2% CaCl, 1/4# flocele/sk followed by 132 cu ft Cl C cmt cont'g 6#/sk salt, 2% CaCl. Filled cellar w/2 yds Redi-mix to surface.
2. Approximate temperature of cmt slurry slurry when mixed was 72° F.
3. Estimated minimum formation temp in zone of interest was 70° F.
4. Estimate of cmt strength @ time of csg test was 2300 PSIG.
5. Actual time cmt in place prior to starting test was 13 1/4 hrs.

Drld new formation @ 9:30 PM 5/19/77.

RECEIVED

MAY 31 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 5/26/77

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

MAY 31 1977

CONDITIONS OF APPROVAL, IF ANY: