

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.**WELL COMPLETION OR RECOMPLETION REPORT AND LOG ***

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DR1 <input checked="" type="checkbox"/>	Other <u>JA 9-5-78</u>						
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>						
		DIFF. RESVR. <input type="checkbox"/>	Other _____								
2. NAME OF OPERATOR <u>Atlantic Richfield Company</u>											
3. ADDRESS OF OPERATOR <u>P. O. Box 1710, Hobbs, New Mexico 88240</u>											
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* <u>At surface 1100' FNL & 1200' FWL (Unit letter D)</u> <u>At top prod. interval reported below as above</u> <u>At total depth as above</u>											
14. PERMIT NO.		DATE ISSUED									
5. LEASE DESIGNATION AND SERIAL NO.		LC 067858									
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		Empire Abo Unit "M"									
7. UNIT AGREEMENT NAME		Empire Abo Pressure Maintenance Project									
8. FARM OR LEASE NAME		Empire Abo Unit "M"									
9. WELL NO.		131									
10. FIELD AND POOL, OR WILDCAT		Empire Abo									
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA		11-18S-27E									
12. COUNTY OR PARISH		Eddy									
13. STATE		N.M.									
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, REB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD							
7/10/78	7/28/78	Dry hole	3568.3' GR								
20. TOTAL DEPTH, MD & TVD	21. PLUG BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS						
6325'	6070'		→	0-6325'							
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*					25. WAS DIRECTIONAL SURVEY MADE						
None					No						
26. TYPE ELECTRIC AND OTHER LOGS RUN					27. WAS WELL CORED						
GR-N, Sonic, DLL-Micro SFL, Cyberlook, CNL-FDC & CBL					Yes						
28. CASING RECORD (Report all strings set in well)											
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED						
8-5/8" OD	24# K-55	970'	11"	340 sx	none						
5-1/2" OD	15.5# K-55	6325'	7-7/8"	1396 sx	none						
29. LINER RECORD				30. TUBING RECORD							
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)				
					none						
31. PERFORATION RECORD (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
None				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DEPTH INTERVAL (MD)</th> <th>AMOUNT AND KIND OF MATERIAL USED</th> </tr> <tr> <td>128-6148'</td> <td>300 gals 15% HCL-NE acid, 1000 gals 10# CaCl, 1000 gals LC, 3000 gals 60/40 15% acid/xylene, 18 BLC.</td> </tr> <tr> <td> </td> <td>(cont'd on attached page 2)</td> </tr> </table>		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED	128-6148'	300 gals 15% HCL-NE acid, 1000 gals 10# CaCl, 1000 gals LC, 3000 gals 60/40 15% acid/xylene, 18 BLC.		(cont'd on attached page 2)
DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED										
128-6148'	300 gals 15% HCL-NE acid, 1000 gals 10# CaCl, 1000 gals LC, 3000 gals 60/40 15% acid/xylene, 18 BLC.										
	(cont'd on attached page 2)										
33. PRODUCTION											
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)						
Dry hole		Swabbing			SI						
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.					
9/4/78	9 hrs		→	0	TSTM	124					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)					
-	-	→	0	TSTM	331	-					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				TEST WITNESSED BY							
-				Horace Hegwood							
35. LIST OF ATTACHMENTS											
Logs as listed in Item 26 above, DST & Inclination Report											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records											
SIGNED <u>[Signature]</u>		TITLE <u>Dist Dirg. Supt.</u>		DATE <u>9/11/78</u>							

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF FORTH'S ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
Abo	6108'	6138'	*Core #1. Rec 30', mostly Dol, V, SL/F, Sty	Abo	6090'
Abo	6138'	6168'	*Core #2. Rec 30', mostly Dol, V/F, SL/V, Sty.		
Abo	6168'	6198'	*Core #3. Rec 30', mostly Dol, SL/V, SL/F, Sty.		
Abo	6198'	6228'	*Core #4. Cut 30', rec 29', mostly Dol Anhy Sty.		
			*See Core Report for detail description.		
DSTs cont'd on attached sheet					