

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate*
(Other instructions on re-
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA - Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. LC-067858	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1100' FNL & 1200' FWL (Unit letter D)		8. FARM OR LEASE NAME Empire Abo Unit "M"	
14. PERMIT NO.		9. WELL NO. 131	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3568.3' GR		10. FIELD AND POOL, OR WILDCAT Empire Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-18S-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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Complete Higher in Reef

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

Propose to complete this well approximately 50' higher than the traditional top of reef in the following manner:

1. Remove tbg head, install BOP.
2. Perforate from 6035-6049'. Run Base Temp log.
3. Acidize perfs 6035-6049' w/1650 gals 15% HCL-LSTNE-FE acid, 1000 gals gelled 10 PPG CaCl wtr, flush w/LC.
4. Run Base Temp log, swab back & test for completion.

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

SIGNED

TITLE Dist. Drlg. Supt.

DATE 11/7/78

(This space for Federal or State office use)

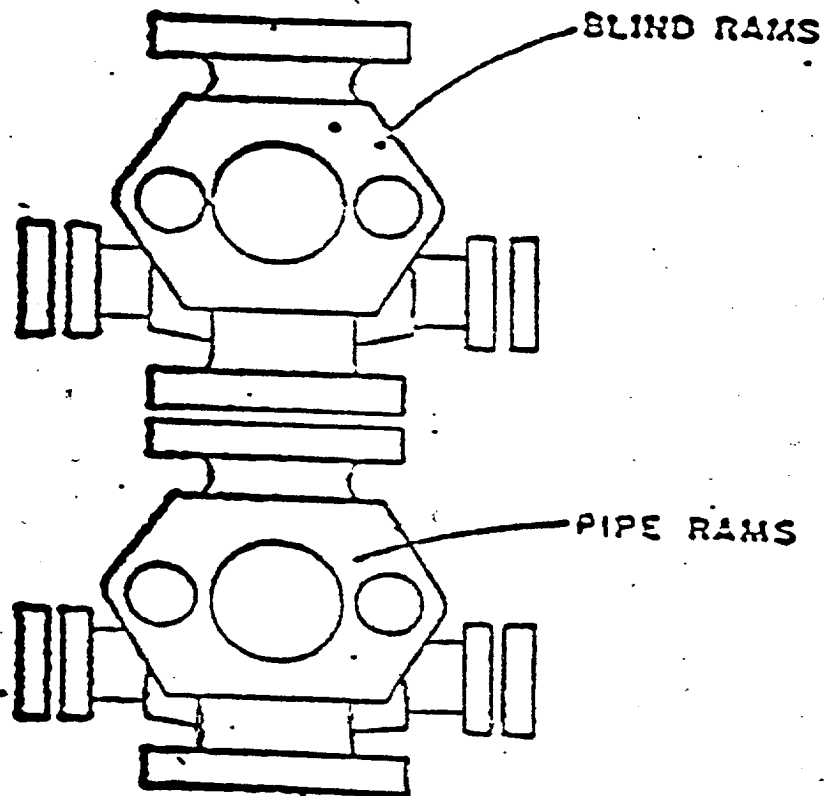
APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE NOV 14 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "M"

Well No. 131

Location 1100' FNL & 1200' FWL
Sec 11-18S-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.