Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY
MAY 2 8 1985
O. C. D.
ARTESIA, OFFICE

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.)

well ☒ well ☐ other

2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1100' FNL & 1200' FWL
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH: as above

5. LEASE
LC-057858

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.
131

10. FIELD OR WILDCAT NAME
Empire Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
11-18S-27E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.
30-015-22356

15. ELEVATIONS (SHOW DF, RDB, AND WD)
3568.3' GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☒
(other)			

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

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.)*

RU 5/10/85, installed BOP. RIH w/2-3/8" OD tbg. Tagged TD @ 5850'. Spot 10 sx Cl H cmt 5850-5750'. Circ 25#/bbl gelled mud 5750-3400'. Spot 11 sx cmt 3453-3350'. Circ mud to surf. On 5/11/85 spotted 11 sx cmt 1027-910'. PUH & spotted cmt [illegible] to surf. Cut off wellhead & pipe below GL. Inst regulation dry hole marker. P&A effective 5/11/85. Final Report.

ILLEGIBLE

Post ID-2
5-24-85
P+A

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

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

SIGNED Elizabeth A. Burk TITLE Engr DATE 5/15/85

(This space for Federal or State office use)

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

*See Instructions on Reverse Side