

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate\*  
(Other instructions on re-  
verse side)Copy to 47  
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. NM-016788
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 Empire Abo Pressure Maintenance Project
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2020' FSL & 1390' FEL (Unit letter J)		8. FARM OR LEASE NAME Empire Abo Unit "K"
14. PERMIT NO.		9. WELL NO. 192
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3636.7' GR		10. FIELD AND POOL, OR WILDCAT Empire Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-18S-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 COMPLETE	<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) Log, Run Prod Csg, Cmt, Perf,	<input checked="" type="checkbox"/>	Treat & Comp.	<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.) \*

On 6/14/78 ran directional survey @ 5480'. (119.95 N2° 35'E, 102.07N 5.41E). Fin drlg to 6250' @ 1:15 PM 6/17/78. Ran DLL-RXO, FDC-CNL w/caliper, Sonic-VDL, GR-N. RIH w/5-1/2" OD 15.5# K-55 csg, FS, FC, SC. Set csg @ 6250', SC @ 3980'. Cmdt 5-1/2" OD csg 1st stage w/20 BW, 10 bbls mud flush, 235 sx BJ Lite w/8# salt & 10# 20/40 sd, 130 sx Falset cmt cont'g 2% CaCl. PD @ 1:15 AM 6/19/78 w/2100 psi. Cmdt 2nd stage thru SC @ 3980' w/800 sx BJ Lite cmt cont'g 8#/sk salt & 100 sx Cl C cont'g 2% CaCl. PD @ 5:15 AM 6/19/78 w/2700 psi. Circ 150 sx to pit. WOC 72 hrs. RIH w/bit, DO SC @ 3980', press tstd csg to 1500# 30 mins OK. Spotted 150 gals 20% acetic acid 6120-5970' & displ hole w/2% KCL TW @ 6030'. Ran CBL, TOC @ 4320'. Perf 5-1/2" csg 6100-6120' w/2 JSPF. RIH w/2-3/8" tbg, lok-set pkr, set tbg @ 6020', pkr @ 5984'. Loaded csg w/61 bbls KCL TW & acidized Abo perfs 6100-6120' w/30 gals 15% NE, 500 gals 10# CaCl wtr, 500 gals LC, 1500 gals 60/40 DAD treatment. Flashed w/18 BLC. Turned well flwg to tank btty on 6/26/78. On 24 hr potential test 6/27/78 flow 170 BO, 0 BW & 265 MCFG on 48/64" ck, FTP 95#, GOR 981:1. Final Report.

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

SIGNED

*Albert R. Stall*

TITLE Dist. Drlg. Supt.

DATE 7/3/78

(This space for Federal or State office use)

(Orig. Sgd.) ALBERT R. STALL

ACTING DISTRICT ENGINEER

JUL 19 1978

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: