

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(See other in-  
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Budget 42-83555.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐  
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. REPER. ☐ Other ☐

2. NAME OF OPERATOR  
Atlantic Richfield Company

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 400' FNL & 1450' ARTESIA OFFICE letter "B")

At top prod. interval reported below

as above

At total depth

as above

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.  
151

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  
NM

15. DATE SPUDDED 08/01/78 16. DATE T.D. REACHED 08/19/78 17. DATE COMPL. (Ready to prod.) 12/23/78 18. ELEVATIONS (DF, REB, RT, GR, ETC.)\* 3604.1' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6310' 21. PLUG, BACK T.D., MD & TVD 6239' 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 0-6310' ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 6150-6165' Abo Reef 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN GR-DLL w/RXO & GR-N, CNL-FDC-Cal w/Cal-GR-Sonic VDL & CBL 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8" OD	24# K-55	1000'	11"	290 sx	
5-1/2" OD	15.5# K-55	6310'	7-7/8"	1320 sx	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8" OD	6068'	---

31. PERFORATION RECORD (Interval, size and number)

6150-6165 = (2 JSPF - .44" holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6150-6165'	300 gals 15% HCL-LSTNE-FE acid, 1000 gals 10# CaCl wtr, 1000 gals LC, 2000 gals 60/40 15% HCL/Xylene flushed w/18 BLC.

33.\* PRODUCTION

DATE FIRST PRODUCTION 09/05/78 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping - 2" x 1 1/2" x 18' RWBC WELL STATUS (Producing or shut-in) Producing

DATE OF TEST 12/24/78 HOURS TESTED 24 CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. 51 GAS—MCF. 59 WATER—BBL. 36 GAS-OIL RATIO 1157:1

FLOW. TUBING PRESS. --- CASING PRESSURE --- CALCULATED 24-HOUR RATE OIL—BBL. 51 GAS—MCF. 59 WATER—BBL. 36 OIL GRAVITY-API (CORR.) 44°

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY  
N. H. Truitt

35. LIST OF ATTACHMENTS

Logs as listed in Item 26. Directional Survey, DST & Inclination Report.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE

Dist. Drlg. Supt.

DATE

01/18/79

\*(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 POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED 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	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Abo	6143'	6168'	Abo	6,084'	
Abo	6195'	6220'			
Abo	6090'	6115'			

No wtr cushion, straddle open hole inflatable, OT @ 5:56 AM 08/21/78, TO for 5 mins, closed chamber test .016 PSI, closed tool for 50 mins. Press 1.320 PSI on teleflow, no flow, no press.

No wtr cushion, straddle open hole inflatable, OT @ 7:24 AM 08/21/78. TO for 7 mins closed chamber test, .175 PSI, closed tool for 11 mins, press .273 PSI on teleflow, no flow, no press.

No wtr cushion, straddle open hole inflatable, OT @ 8:11 AM 08/21/78, TO for 15 mins, closed chamber test, .208 PSI, closed tool for 90 mins, press 0 PSI on teleflow, no flow, no press. Pull pkr loose rec 120'slightly gas cut mud.