

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved by
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"/>		RECEIVED SEP - 1 1978 O. C. C. ARTESIA OFFICE		7. UNIT AGREEMENT NAME Empire Abo Pressure Maintenance Project	
2. NAME OF OPERATOR Atlantic Richfield Company ✓				8. FARM OR LEASE NAME Empire Abo Unit "M"	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240				9. WELL NO. 152	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FNL & 2588' FEL (Unit letter B)				10. FIELD AND POOL, OR WILDCAT Empire Abo	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-18S-27E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3589.8' GR		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) Spud, Run Surf Csg & Cmt <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.)

Spudded 11" hole @ 4:00 PM 8/23/78. Finished drlg 11" hole to 1000'. RIH w/8-5/8" OD 24# K-55 csg, set @ 1000', FS @ 1000', FC @ 913'. Cmt 8-5/8" OD csg w/250 sx C1 C cmt cont'g 4% gel, 1/4# flocele, 6# salt, 2% CaCl, followed by 200 sx C1 C cont'g 6# salt/sk, 2% CaCl. PD @ 5:00 PM 8/26/78. Circ 52 sx to pit. WOC 12 hrs. Pressure tested csg to 1000# 30 mins OK. The following cmt compressive strength criterion is furnished for cmtg in accordance w/ Option 2 of the OCC Rules & Regulations.

1. The volume of cmt used was 423 cu ft of C1 C cont'g 4% gel, 1/4# flocele, 6# salt, 2% CaCl, followed by 264 cu ft C1 C cmt cont'g 6# salt/sk, 2% CaCl. Circ 69 cu ft cmt to pit.
2. Approximate temperature of cmt slurry when mixed was 79°F.
3. Estimated minimum formation temperature in zone of interest was 70°F.
4. Estimate of cmt strength at time of test was 950 PSIG.
5. Actual time cement in place prior to commencing pressure test was 12 hrs.

RECEIVED

AUG 31 1978

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED _____ TITLE Dist. Drlg. Supt. DATE 8/30/78

(This space for Federal or State office use)

APPROVED BY Joe D. Lara TITLE ACTING DISTRICT ENGINEER DATE AUG 31 1978

CONDITIONS OF APPROVAL, IF ANY: