

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Copy to RT
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"/>		7. UNIT AGREEMENT NAME Empire Abo Pressure Maintenance Project	
2. NAME OF OPERATOR Atlantic Richfield Company		8. FARM OR LEASE NAME Empire Abo Unit "J"	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		9. WELL NO. 203	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2400' FNL & 700' FEL (Unit letter H)		10. FIELD AND FOOL, OR WILDCAT Empire Abo	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-18S-27E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3650.9' 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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud, run & cmt surf csg

(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 @ 5:00 PM 9/13/78, lost circ @ 320'. Finished drlg to 1004' 9/14/78. RIH w/8-5/8" OD 24# J-55 csg, set @ 1004'. Cmt 8-5/8" OD csg w/200 sx Surefill cmt cont'g 2% CaCl & 250 sx BJ Lite cmt cont'g 6% gel & 1/4# celloflake, followed by 250 sx Cl C cont'g 2% CaCl. PD @ 11:54 PM 9/14/78. Cmt did not circ. WOC 8 hrs. Pressure tstd csg to 1000# 30 mins OK. The following cement compressive strength criterion is furnished for cmtg in accordance w/Option 2 of the OCC Rules and Regulations.

1. The volume of cmt slurry used was 358 cu ft of Surefill cont'g 2% CaCl & 448 cu ft of BJ Lite cont'g 6% gel & 1/4# celloflake, followed by 330 cu ft of Cl C cmt cont'g 2% CaCl.
2. Approx temperature of cmt slurry when mixed was 78°F.
3. Estimated minimum formation temperature in zone of interest was 70°F.
4. Estimate of cmt strength at time of casing test was 1050 PSIG.
5. Actual time cmt in place prior to starting test was 8 hrs.

RECEIVED

OCT 11 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 10/10/78

(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE OCT 16 1978

CONDITIONS OF APPROVAL, IF ANY: