

N. M. O. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(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 GAS WELL 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. See also space 17 below.)
 At surface

2400' FNL & 700' FEL (Unit letter H)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3650.9' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-0557371

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Empire Abo Pressure Maintenance Project

8. FARM OR LEASE NAME
Empire Abo Unit "J"

9. WELL NO.
203

10. FIELD AND FOOL, 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.

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O.C.C.
ARTESIA, OFFICE

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) <u>Spud, run & cmt surf csg</u> <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 @ 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'. Cmtd 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.

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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 10/10/78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE OCT 16 1978

CONDITIONS OF APPROVAL, IF ANY: