

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)

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Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-016788

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	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 1500' FSL & 2130' FEL (Unit letter J)	5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3618.3' GR	7. UNIT AGREEMENT NAME Empire Abo Pressure Maintenance Project	8. FARM OR LEASE NAME Empire Abo Unit "K"	9. WELL NO. 194	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 NM
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18. 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"/>		<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)	<input checked="" type="checkbox"/> Spud, Run Surf Csg, Cmt & Test		

(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 @ 3:45 PM 10/18/78. Lost circ @ 670'. Fin 11" hole to 1000'. RIH w/ 8-5/8" OD 24# K-55 csg set @ 998'. FC set @ 907'. Cmt 8-5/8" OD csg w/300 sx Thik-set cmt cont'g 10#/sk Gilsonite & 1/4#/sk flocele & 2% CaCl, followed by 250 sx Cl C cont'g 4% gel & 6#/sk salt & 2% CaCl. PD @ 5:30 PM 10/19/78. Cmt did not circ to surf. WOC 6 hrs. Ran temp survey, found TOC @ 300' FS. RIH w/1" pipe behind 8-5/8" csg & cmt 245' to surf w/200 sx Cl C cont'g 3% CaCl. Circ 10 sx cmt to pit. WOC 18 hrs. Drld out csg shoe. Press tested csg to 1000# 30 mins OK.

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

SIGNED L. D. SoreTITLE Dist. Drlg. Supt.DATE 10/25/78

(This space for Federal or State office use)

APPROVED BY L. J. SoreTITLE ACTING DISTRICT ENGINEERDATE OCT 26 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side