N.M.O.C.D. COPY

C-SF

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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.)

RECEIVED
AUG 17 1979
O. C. C.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
Empire Abo Pressure Maintenance Project

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
ARCO Oil and Gas Company
Division of Atlantic Richfield Company

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

9. WELL NO.
194

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

10. FIELD AND POOL, OR WILDCAT
Empire Abo

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)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1-18S-27E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3618.3' 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]				
(Other) Squeeze Cmt & Complete lower	[X]	in Abo		(Other)			

(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.)*

1. Rig up, kill well, install BOP, POH w/compl assy.
2. RIH w/cmt retr, set retr @ 6110'. Squeeze perfs 6147-6167' w/100 sx LWL cmt & 50 sx Cl C cmt w/2% CaCl. WOC.
3. RIH w/bit, drill & CO to 6250'. Pressure test squeeze job to 1000# for 30 mins.
4. Perforate Abo reef w/2 JS 6303-6316'.
5. Treat perfs w/1500 gals gelled CaCl wtr, 1500 gal gelled LC, 1500 gals 15% HCL-LSTNE-FE acid, flush w/LC.
6. Swab test & run in hole w/compl assy & return to production.

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

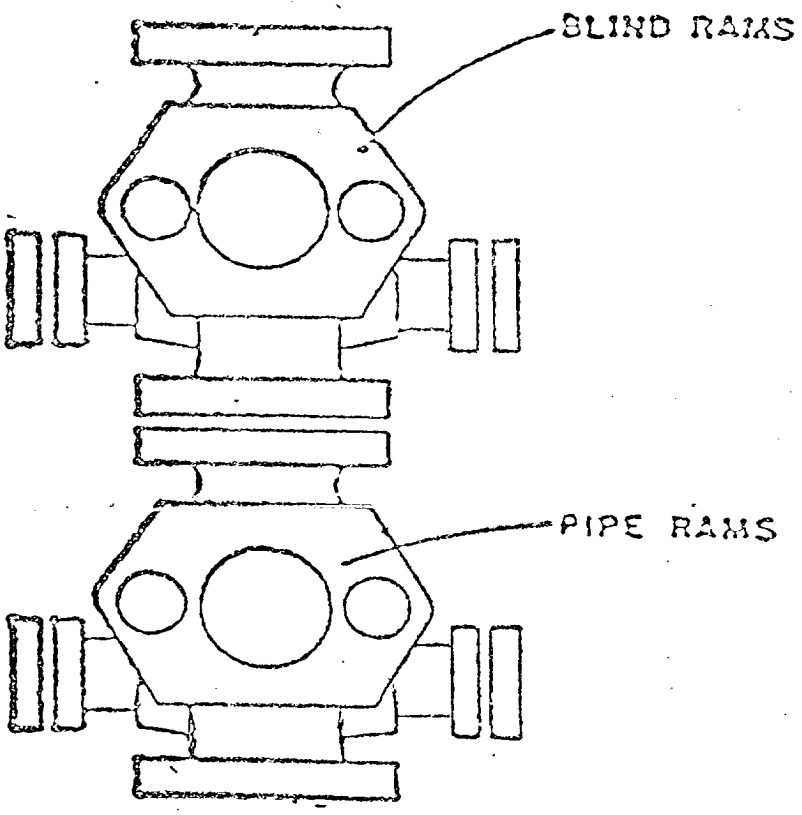
SIGNED _____ TITLE Dist. Drlg. Supt. DATE 8/13/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Empire Abo Unit "K"

Well No. 194

Location 1500' FSL & 2130' FEL
Sec 1-18S-27E, Eddy County

BOP to be tested before installed on well and will be maintained in good working condition during drilling. A wellhead fittings to be of sufficient pressure to operate in a safe manner.