

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.**WELL COMPLETION OR RECOMPLETION REPORT AND LOG ***

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other ☐										RECEIVED AUG 13 1979		5. LEASE DESIGNATION AND SERIAL NO. LC-067858			
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐												6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
2. NAME OF OPERATOR ARCO Oil and Gas Company Division of Atlantic Richfield Company										O. C. C. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME			
3. ADDRESS OF OPERATOR Box 1710, Hobbs, New Mexico 88240												8. FARM OR LEASE NAME Empire Abo Pressure Maintenance Project			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 625' FNL & 175' FWL (Unit letter D) At top prod. interval reported below as above At total depth as above										9. WELL NO. Empire Abo Unit "M"		10. FIELD AND POOL, OR WILDCAT 132			
14. PERMIT NO.										DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA 11-18S-27E			
15. DATE SPUDED 12/18/78		16. DATE T.D. REACHED 12/31/78		17. DATE COMPL. (Ready to prod.) 8/1/79		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3540.6' GR		19. ELEV. CASINGHEAD		12. COUNTY OR PARISH Eddy		13. STATE N.M.			
20. TOTAL DEPTH, MD & TVD 6200'		21. PLUG, BACK T.D., MD & TVD 6148'		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY → 0-6200'		ROTARY TOOLS		CABLE TOOLS		25. WAS DIRECTIONAL SURVEY MADE No			
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6090-6100' Abo Reef										27. WAS WELL CORED No					
26. TYPE ELECTRIC AND OTHER LOGS RUN CNL-FDC w/caliper, DLL w/RXO															
28. CASING RECORD (Report all strings set in well)															
CASINO SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED					
8-5/8" OD		24# K-55		1000'		11"		625 SX							
5 1/2" OD		15.5# K-55		6190'		7-7/8"		1300 SX							
29. LINER RECORD															
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		30. TUBING RECORD					
										SIZE		DEPTH SET (MD)			
										2-3/8" OD		6063'			
												PACKER SET (MD)			
												6063'			
31. PERFORATION RECORD (Interval, size and number) 6090-6100' (20 .48" holes) 2 JSPF										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
										DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
										6030-6040'		Acidized w/150 gal 15% HCL-LSTNE-FE, 1000 gal gelled CaCl wtr, 1000 gal gelled LC, 1500 gal same acid. Flushed w/26 BLC. (cont'd on attached page)			
33.* PRODUCTION															
DATE FIRST PRODUCTION 1/13/79		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flwg						WELL STATUS (Producing or shut-in) Prod							
DATE OF TEST 8/2/79		HOURS TESTED 24 hrs		CHOKE SIZE -		PROD'N. FOR TEST PERIOD →		OIL—BBL. 84		GAS—MCF. 106		WATER—BBL. 0		GAS-OIL RATIO 1262:1.	
FLOW. TUBING PRESS. -		CASING PRESSURE Pkr		CALCULATED 24-HOUR RATE →		OIL—BBL. 84		GAS—MCF. 106		WATER—BBL. 0		OIL GRAVITY-API (CORR.) 44°			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold										TEST WITNESSED BY N. H. Truitt					
35. LIST OF ATTACHMENTS Logs as listed in Item 26 above & Inclination Report															
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records															
SIGNED <u>SRK for L.D. LANG</u>										TITLE <u>Dist. Drlg. Supt.</u>		DATE <u>8/6/79</u>			

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 37.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:			38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH
DESCRIPTION, CONTENTS, ETC.			TRUE VERT. DEPTH	
			Abo Reef	5908'

Empire Abo Unit "M" #132
August 6, 1979
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32. Acid, Shot, Fracture, Cement Squeeze, etc (cont'd)

<u>Depth Interval</u>	<u>Amt & Kind Material Used</u>
6030-6040'	Squeezed Pengo tool w/100 sx LWL cmt & 50 sx Cl C cmt w/2% CaCl. Rev out 24 sx cmt.
6090-6100'	Acidized w/150 gals 15% HCL-LSTNE-FE acid.
6090-6100'	Acidized w/150 gals 15% HCL-LSTNE-FE acid, 1500 gal gelled CaCl wtr, 1500 gal gelled LC, 1000 gal 15% HCL-LSTNE-FE acid, flushed w/24 BLC.

N.M.O.C.D. COPY

FIELD Empire Abo COUNTY Eddy OCC NUMBER _____
 OPERATOR Atlantic Richfield Company ADDRESS P. O. Box 1710, Hobbs, New Mexico 88240
 CASE Empire Abo Unit M WELL NO. 132 SURVEY 625' FNL &
175' FWL Sec 11, T-18S, R-27E

RECORD OF INCLINATION

<u>DEPTH (FEET)</u>	<u>ANGLE OF INCLINATION (DEGREES)</u>
500	3/4
1000	1
1472	1
1981	1
2484	1 1/4
2955	1 1/2
3429	1 3/4
3901	2
4409	2 1/2
4911	3
5161	4 1/2
5318	4 1/2
5442	4 3/4
5631	4 1/2
5710	4 3/4
5910	4 3/4
6200	3 1/2

Certification of personal knowledge inclination data:

I hereby certify that I have personally assembled the data and facts placed on this form, and such information given above is true and complete to the best of my knowledge.

HONDO DRILLING COMPANY

BY: [Signature]
 Walter Frederickson
 Vice President

Sworn and subscribed to before me the undersigned authority, on this the

17th day of January, 1979.

[Signature] Notary Public in and for Midland County, Texas
 Margaret B. Anderson