

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

LC-067858

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Empire Abo Pressure  
Maintenance Project  
8. FARM OR LEASE NAME

Empire Abo Unit "M"

9. WELL NO.

133

10. FIELD AND POOL, OR WILDCAT

Empire Abo

11. SEC., T., R., M., OR BLOCK AND SURVEY  
OR AREA

11-18S-27E

12. COUNTY OR  
PARISH  
Eddy13. STATE  
N.M.

1a. TYPE OF WELL:

OIL  
WELL ☒GAS  
WELL ☐DRY ☐

Other

b. TYPE OF COMPLETION:

NEW  
WELL ☒WORK  
OVER ☐DEEP-  
EN ☐PLUG  
BACK ☐DIFF.  
RESVR. ☐

Other

2. NAME OF OPERATOR

ARCO Oil and Gas Company  
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR

Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations)

At surface 450' FNL &amp; 1175' FWL (Unit letter D)

At top prod. interval reported below as above

At total depth as above

14. PERMIT NO.

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO  
ARTESIA, OFFICE

15. DATE SPUDDED

5/23/79

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

6/16/79

18. ELEVATIONS (DF, REB, RT, GR, ETC.)\*

3557' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD

6225'

21. PLUG, BACK T.D., MD &amp; TVD

6180'

22. IF MULTIPLE COMPL.,  
HOW MANY\*23. INTERVALS  
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

10-6225'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

6044-6064'

25. WAS DIRECTIONAL  
SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR-CNL-FDC w/caliper, GR-DLL w/RXO &amp; CBL

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8" OD	24# K-55	1000'	11"	365 SX	
5 1/2" OD	15.5# K-55	6225'	7-7/8"	1183 SX	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8" OD	5943'	5943'

31. PERFORATION RECORD (Interval, size and number)

6044-6064' = 2 JSPF (40 .43" holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6044-6064' 150	gals 15% HCL-LSTNE-FE acid, 1000
gals	10# gelled CaCl wtr, 1500 gals
gelled	LC, 1500 gals 15% HCL-LSTNE-FE
acid.	

33.\*

## PRODUCTION

DATE FIRST PRODUCTION

6/15/79

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

Flwg

WELL STATUS (Producing or  
shut-in)

Prod

DATE OF TEST

6/17/79

HOURS TESTED

24 hrs

CHOKE SIZE

48/64"

PROD'N. FOR  
TEST PERIOD

433

OIL—BBL.

433

GAS—MCF.

1023

WATER—BBL.

0

GAS-OIL RATIO

2363:1

FLOW. TUBING PRESS.

250#

CASING PRESSURE

Pkr

CALCULATED  
24-HOUR RATE

433

OIL—BBL.

433

GAS—MCF.

1023

WATER—BBL.

0

OIL GRAVITY-API (CORR.)

44°

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Logs as listed in Item 26 above &amp; Inclination Report

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE Dist. Drlg. Supt

DATE 6/20/79

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

**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 38, below regarding separate reports for separate completions.

tion 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 35.

**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 22: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 29 and in item 24 of Attachment 24.

Item 23: Indicate whether elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Item 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 29 and in item 24 of Attachment 24.

**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 38. 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.)

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

★ GPO : 782-928