

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 04175 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Empire Abo Unit "R"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Empire Abo

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA

17-18S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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
2310' FNL & 330' FEL (Unit Letter H)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3457' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Shut-in Allow. transferred	<input checked="" type="checkbox"/>
(Other)	<input 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.)*

The above well was shut-in on October 1, 1973. This is a high GOR well. Allowable transferred under NMOCC Order R-4548, R-4549, R-4549-A, R-4549-B.

RECEIVED

OCT 21 1975

O.C.C.
ARTESIA, OFFICE

RECEIVED

OCT - 1 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED D. V. Richards TITLE Dist Prod & Drlg Supt DATE 9-26-75

(This space for Federal or State office use)

TITLE _____ DATE _____

APPROVED
OCT 26 1975
M. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side