

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

NM OIL CONS COMMISSION *clsf*
Drawer DD FORM APPROVED
Artesia, NM No. 1004-0135
Expires: March 31, 1993

SUBMIT IN TRIPLICATE		5. Lease Designation and Serial No. LC028480-A
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <i>Injection</i>		6. If Indian, Allottee or Tribe Name
2. Name of Operator ARCO Permian		7. If Unit or CA, Agreement Designation 8910138010
3. Address and Telephone No. P.O. Box 1710 Hobbs, N.M. 88240 505-391-1649		8. Well Name and No. EMPIRE ABO UNIT B48
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FNL, 990 FEL, H, SEC 30, T17S, R29E		9. API Well No. 30-015-03195
		10. Field and Pool, or exploratory Area EMPIRE ABO
		11. County or Parish, State EDDY NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other CASING MIT
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

CONDUCTED CASING MECHANICAL INTEGRITY TEST ON MARCH 8, 1995. CHART ATTACHED. TEST WITNESSED BY VICKI HERNANDEZ WITH ARCO PERMIAN AND GARY WILLIAMS, NMOCD.

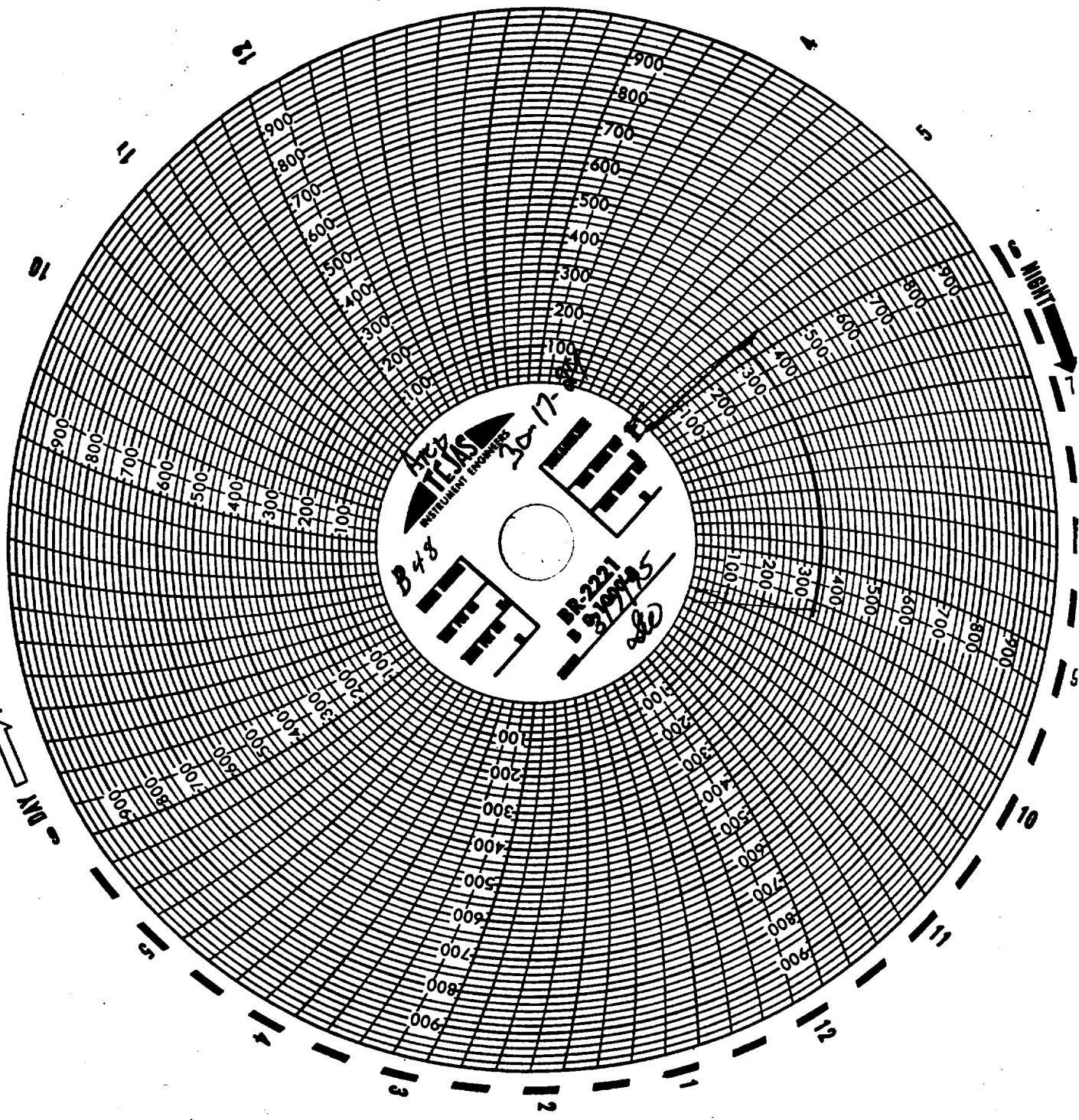
ACCEPTED FOR REGISTRATION
J. Lara
7 1995
CARLSBAD, NEW MEXICO

14 I hereby certify that the foregoing is true and correct
Signed *Kerrie D. Murrish* Title Administrative Assistant Date 03/15/95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

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RIGHT

LEFT