

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUN 25 1992

O. C. D.
OFFICE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

ARCO Oil and Gas Company

3. Address and Telephone No.

P.O. Box 1710 - Hobbs, New Mexico 88241-1710 391-1600

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FSL & 330' FEL, Unit P, Section 34, T17S, R27E

5. Lease Designation and Serial No.

LC-064050-A NM-29270

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910138010

8. Well Name and No.

Empire Abo Unit "H" 12

9. API Well No.

30-015-00609

10. Field and Pool, or Exploratory Area

Empire Abo

11. County or Parish, State

Eddy, New Mexico

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Convert to
Artificial Lift
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

TD 5638', PBD 5611', Perfs 5592-5608'

06/04/92 - MIRU NDWH NU BOP POH w/TBG, PKR & SN

06/05/92 - RIH w/MA, PN, SN, & TAC. NO BOP & SET TAC 11000# TENSION.
RIH w/PUMP & RDS. GOOD PUMP ACTION RDCL

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

Signed [Signature] Title Operations Coordinator Date 06/17/92

(This space for Federal or State office use)

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