

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

SUBMIT IN TRIPLICATE

RECEIVED

JUN 13 1996

OIL CON. DIV.
505-391-1649
DIST. 2

OIL CONSERVATION
8115 1ST.
ARTELLA, NM 88210-2834

FORM APPROVED

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

5. Lease Designation and Serial No.
NM29270

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 NM

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 ACID & ADD PERFS
☐ 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: 5646' PBD: 5611' OLD PERFS: 5592-5608' NEW PERFS: 5517-5551'

04/30/96: ACIDIZE EXISTING PERFS 5592-5608' W/2000 GALS 15% HCL.

05/01/96: PERF ABO INTERVAL 5517-5551'. TREATED PERFS 5517-5551' W/2000 GALS 15% HCL.

ACCEPTED FOR RECORD

JUN 13 1996

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

Signed Kenneth A. Muenich Title Administrative Assistant

Date 05/21/96

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: