

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Operations Division  
811 S. 1st  
Artesia, NM 88203-2834

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 Permian

3. Address and Telephone No.

P.O. Box 1089, Eunice, NM 88231

505-394-1649

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

2310 FSL, 1650 FWL

UL: K, SEC. 29, T17S, R29E

5. Lease Designation and Serial No.

NM29281

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910138010

8. Well Name and No.

EMPIRE ABO UNIT "C" 50

9. API Well No.

30-015-03184

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

- |   |  |
|---|--|
| <input type="checkbox"/> Abandonment          | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Recompletion         | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Plugging Back        | <input type="checkbox"/> Non-Routine Fracturing  |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> Water Shut-Off          |
| <input type="checkbox"/> Altering Casing      | <input type="checkbox"/> Conversion to Injection |
| <input checked="" type="checkbox"/> Other MIT | <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.)\*

TD: 6289' PERFS: 6273-6289'

3/25/99: CSG MIT WITNESSED BY KEN LIVINGSTON - NMCD, AND KENT WHITMIRE - ARCO. PRESS TESTED TO 510#, HELD 15 MINS. HELD OK. CHART ATTACHED.



(ORIG. SGD.) DAVID R. GLASS

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

Signed

*Kenneth A. Murrell*

Title Administrative Assistant

Date 4/22/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

