

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SECRETARY'S OFFICE
BUREAU OF LAND MANAGEMENT
WASHINGTON, D.C. 20240

Budget Bureau No. 1004.0
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

LC 062407

IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposal.)

RECEIVED

JAN 25 '88

O. C. D.

ARTESIA, OFFICE

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Empire Abo Unit "C"

WELL NO.

47

FIELD AND POOL OR WILDCAT

Empire Abo

SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

30-17S-29E

COUNTY OR PARISH

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
ARCO Oil and Gas Company
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, N M 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.
See also space 17 below.)
At surface

2150' FSL, 2310' FEL - Unit Letter J

14. PERMIT NO.

15. ELEVATIONS (Show whether DE. or GR.)

3646' GR

16.

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

REPAIRING WELL

ALTERING CASING

FRACURE TREAT

WELL TEST COMPLETION

ALTERING CASING

ALTERING CASING

SHOOT OR ACIDIZE

ABANDONMENT

ALTERING CASING

ALTERING CASING

REPAIR WELL

CHANGE PLUG

ALTERING CASING

ALTERING CASING

(Other)

Return Well to Production

X

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Other than those indicated in space 16, or those required by proposed work. If well is directionally drilled, give azimuth, bearing, and distance to this work.)

Report results of multiple completion on Well
(See also description Report and Log form.)

Indicate dates including estimated date of starting and
completion. Vertical depths for all markers and zones perti-

Well returned to production. On test 1/05/88 well produced 166 BO, 178 BW & 431 MCFG,
GOR 2596. Final Report.

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

SIGNED

TITLE

Services Supv

DATE

1-12-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side