CISK

Approved by _

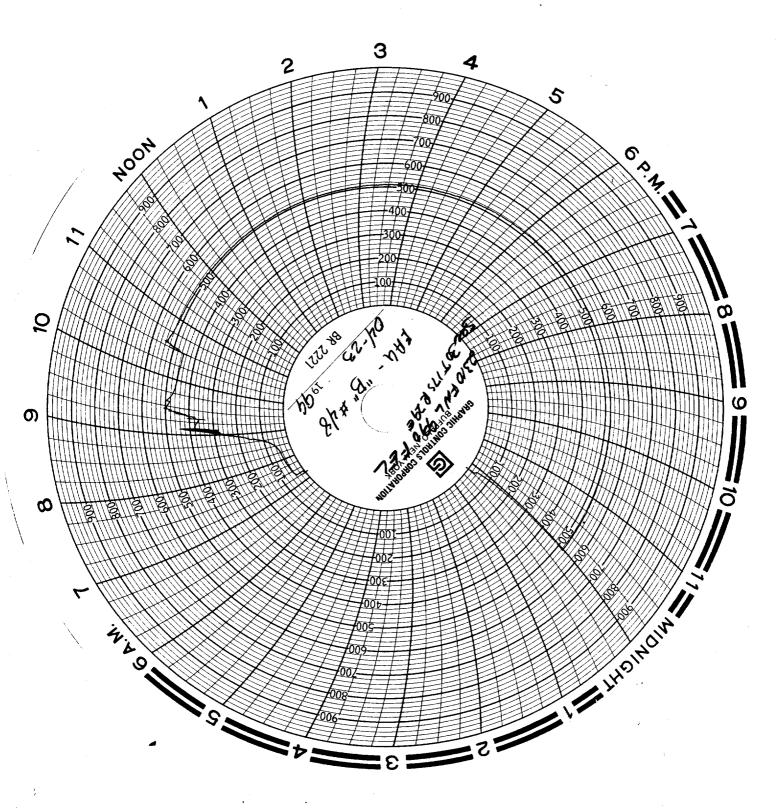
Conditions of approval, if any:

N.M. Oil Cons. Division

Form 3160-5 (June 1990)	DEPARTMEN	TED STATES T OF THE INTERIOR AND MANAGEMENT	811 S. 1st S. 31 Artesia, NM 3010	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. LC028480A
Do not use th	SUNDRY NOTICES AN his form for proposals to drill Use "APPLICATION FOR		o a different reservoir.	6. If Indian, Allottee or Tribe Name
	7. If Unit or CA, Agreement Designation 8910138010			
1. Type of Well Oil Well 2. Name of Operat	8. Well Name and No. Empire Abo Unit *B* 48 9. API Well No. 30-015-03195 10. Pield and Pool, or exploratory Area Empire Abo			
ARCO Perm 3. Address and Tel				
P.O. Box 1 4. Location of Well Unit Lette				
Sec. 30-T1) TO INDIOATE MATU		11. County or Parish, State Eddy NM
	ECK APPROPRIATE BOX(S) TO INDICATE NATU	TYPE OF ACTION	
	Notice of Intent	Abandon Recomp		Change of Plans New Construction
لتا	Subsequent Report	Plugging X Casing I		Non-Routine Fracturing Water Shut-Off
L	Final Abandonment Notice	Altering Other	Casing	Conversion to Injection Dispose Water (Note: Report results of multiple completion on W
TD: 6306° 04/20/99:	PBD: 6295" PERFS: 61 Cut over original pkr. Ran 5-1/2" X 2-7/8" pkr bbl treated wtr. Set pk held OK. Notify NMOCD to witness	Ran RBP & pkr. Test to 6884". 2-7/8" IPC r load annulus. Pres	csg to 800#, held OK.	ting any proposed work. If well is directionally d
14. I hereby certify	that the foregoing is true and correct	Title Administr	ative Assistant	Date 05/02/99
(This space for	Pederal or State office use)			

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Title



ROGNELL, NA

68. G MM

FORM APPROVED UNITED STATES Form 3160-5 Budget Bureau No. 1004-0135 DEPARTMENT OF THE INTERIOR Expires: March 31, 1993 (June 1990) **BUREAU OF LAND MANAGEMENT** 5. Lease Designation and Serial No. LC028480A SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 8910138010 Type of Well Oil 8. Well Name and No. Gas Empire Abo Unit "B" 48 2. Name of Operator V ARCO Permian 9. API Well No. 3. Address and Telephone No. 30-015-03195 P.O. Box 1089. Eunice. NM 88231 505-394-1649 10. Pield and Pool, or exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Empire Abo Unit Letter H, 2310' FNL & 990' FEL 11. County or Parish, State Sec. 30-T17S-R29E Eddy NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF ACTION TYPE OF SUBMISSION Notice of Intent Abandonment Change of Plans New Construction Recompletion X Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water 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 demigive subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* TD: 6306' PBD: 6295' PERFS: 6180-6280' 04/20/99: Cut over original pkr. Ran RBP & pkr. Test csg to 800#, held OK. Ran 5-1/2" X 2-7/8" pkr to 6884'. 2-7/8" IPC tbg @ 6094'. Pmp 100 bbl treated wtr. Set pkr load annulus. Press tst to 640# psi, 30 mins held OK. 04/22/99: Notify NMOCD to witness MIT 8:00 AM 04/23/99. 04/23/99: Press 5-1/2" csg to 500# psi for 30 mins. Held OK. Chart attached. NMOCD not present. Return to injection.

4. I hereby certify that the foregoing is true and correct Signed Delle	Title Administrative Assistant	Date 05/02/99
(This space for Federal or State office use)		
Approved byConditions of approval, if any:	Title	Date —

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