



**ARCO Permian**

PO Box 1089

Eunice NM 88231

Telephone 505 394 1600

Southeast New Mexico Asset Area



May 18, 1999

Mr. Tim Gum  
New Mexico Oil Conservation Division  
811 S. First Street  
Artesia, NM 88210

Dear Mr. Gum:

In reference to your notice dated May 7, 1999 regarding the failed Mechanical Integrity Test on the Empire Abo Unit B-48, please be advised that this wellbore was repaired and a subsequent MIT was ran on 04/23/99. Attached for your documentation is a BLM 3160-5 indicating said repair and test.

Should you require additional information please do not hesitate to contact the undersigned at (505)394-1649.

Sincerely,

Kellie D. Murrish  
Administrative Assistant

\kdm

Attachments

**New Mexico Oil Conservation Division**  
**Energy, Minerals and Natural Resources Department**

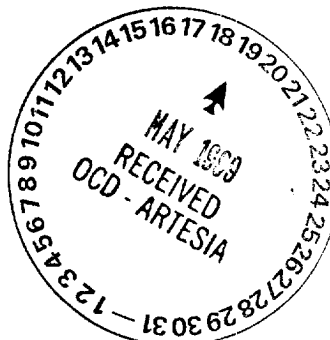
811 S. FIRST STREET, ARTESIA NM 88210,  
2040 South Pacheco, Santa Fe, New Mexico 87505



**Underground Injection Control Program**  
**"Protecting Our Underground Sources of Drinking Water"**

07-May-99

**ARCO PERMIAN**  
PO BOX 1089  
EUNICE N 88231-



**HOBBS OFFICE**  
**MAY 11 1999**  
**DATE REC'D.**

Dear Sirs:

The following test(s) were performed on the listed dates on the following well(s) shown below in the test detail section.

The test(s) indicates that the well or wells failed to meet mechanical integrity standards of the New Mexico Oil Conservation Division. To comply with guidelines as established by the U.S. Environmental Protection Agency, the well must be shut-in immediately until the well is successfully repaired. The test detail section which follows, indicates preliminary findings and/or probable causes of the failure. Please keep in mind that this is a subjective determination based on one or more factors of the results of the test. The actual malfunction may not be similar in nature to those as estimated by this testing. Additional testing during the repair operation may be necessary to properly identify the nature of the well failure.

Please notify the proper district office of the Division as to the date and time that repairs will be attempted so such operations may be witnessed by a field representative.

**MECHANICAL INTEGRITY TEST DETAIL SECTION**

Well Name and Number	Well Type and Status	Location	API Well No.	
EMPIRE ABO UNIT 048	I A	H 30 17S 29E	30-015-03195-00-00	
Type of Inspection	Inspector	Inspection No.	Violation?	*Significant Non-Compliance?
MW		iBER0001498	No	No
<b>Comments on Inspection:</b> A-OK. All Equipment and Location in Good Shape.				
<b>Test Date:</b>	4/8/99	<b>Permitted Injection PSI:</b>	<b>Actual PSI:</b> 0	
<b>Test Reason:</b>	STNDBY	<b>Test Result:</b>	<b>Repair Due:</b> 7/12/99	
<b>Test Type:</b>	SAPT	<b>FAIL CAUSE:</b>	<b>FAIL TYPE:</b> TBG	
<b>Comments on MIT:</b>	Would not pressure-pump into csg 2.5 BPM @ 200#			

Thank you for your prompt attention to this matter and your efforts in helping to protect our ground water resources.

Sincerely,

TIM GUM, DISTRICT SUPERVISOR

Note: Pressure Tests are performed prior to initial injection, after repairs and otherwise, every 5 years; Bradenhead Tests are performed annually. Information in Detail Section comes directly from field inspector data entries - not all blanks will contain data. "Failure Type" and "Failure Cause" and any Comments are not to be interpreted as a diagnosis of the condition of the wellbore. Additional testing should be conducted by the operator to accurately determine the nature of the actual failure. \* Significant Non-Compliance events are reported directly to the EPA, Region VI, Dallas, Texas.

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1999

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	5. Lease Designation and Serial No. <b>LC028480A</b>
2. Name of Operator <b>ARCO Permian</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>P.O. Box 1089, Eunice, NM 88231</b> <b>505-394-1649</b>	7. If Unit or CA, Agreement Designation <b>8910138010</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>Unit Letter H, 2310' FNL &amp; 990' FEL</b> <b>Sec. 30-T17S-R29E</b>	8. Well Name and No. <b>Empire Abo Unit "B" 48</b>
	9. API Well No. <b>30-015-03195</b>
	10. Field and Pool, or exploratory Area <b>Empire Abo</b>
	11. County or Parish, State <b>Eddy NM</b>

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

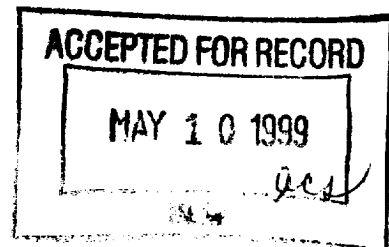
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

TD: 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 NMOC 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.  
NMOC not present. Return to injection.



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

Signed

*Debbie K. Munnish*

Title **Administrative Assistant**

Date **05/02/99**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

