

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

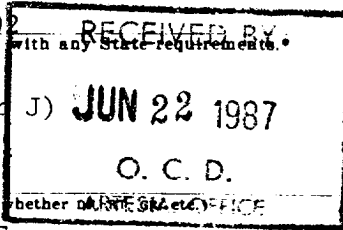
SUBMIT IN TRIPPLICATE*
(Other instruct
verse side)

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO. NM 016788 258

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 proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ARCO Oil and Gas Company	8. FARM OR LEASE NAME Empire Abo Unit "K"
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702	9. WELL NO. 19
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL (Unit Letter J)	10. FIELD AND POOL OR WILDCAT Empire Abo
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-18S-27E
15. ELEVATIONS (Show whether on well, etc.) 3643 DF	12. COUNTY OR PARISH Eddy
	13. STATE NM



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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) _____

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

17. 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.) *

Propose to repair casing leak as follows:

1. RU PU. Press test 2-3/8 x 4-1/2 annulus to 500#. Kill well w/9# BW.
2. POH w/CA.
3. Run CBL.
4. WL set RBP.
5. Perf 4-1/2" casing.
6. RIH w/CR & est PIR.
7. Circ cmt to surf via 4-1/2 x 8-5/8.
8. DO CR & cmt. Press test to 500#.
9. Retr RBP.
10. RIH w/CA.
11. Return to production.

RECEIVED
JUN 17 11 07 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED Kenneth Gosnell TITLE Engr. Tech. Spec. DATE 6-12-87

(This space for Federal or State office use)

APPROVED BY Rickie Manica TITLE AREA MANAGER DATE 6-19-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side