

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other Instructions  
reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 016788

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EMPIRE ABO UNIT "L"

9. WELL NO.

191

10. FIELD AND POOL, OR WILDCAT

EMPIRE ABO

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

1-18S-27E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER WIW

2. NAME OF OPERATOR

ARCO OIL AND GAS COMPANY

3. ADDRESS OF OPERATOR

BOX 1710, HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

660' FSL and 1980' FEL (Unit Letter O)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3640' DF

RECEIVED

DEC 6 '89

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

CASING INTEGRITY TEST ☒

(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.)\*

9/14/89 Well is SI. Tbg pressured 875 psi. Csg pressure 0 psi. Pressured up on csg to 500 psi. Held for 15 minutes with no loss in pressure.

Test witnessed by Derroll Wolfenbarger, ARCO and Adam Salameh, NMOCD Field Representative. Chart was recorded and taken by NMOCD Representative.

Adm

12

END 11/1/90

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

SIGNED

TITLE

Services Supervisor

DATE

10/27/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

NOV 11 7 11 AM '89