

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other instructions on re-
verse side)

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

457

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> other SWD RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. NM-016788	
2. NAME OF OPERATOR ARCO Oil and Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location in accordance with any State requirements.* See also space 17 below.) At surface 660 FSL & 1980 FEL (Unit Letter O)		8. FARM OR LEASE NAME Empire Abo Unit "L"	
14. PERMIT NO. 30-015-00282		9. WELL NO. 191	
15. ELEVATIONS (Show whether DF, RF, GR, etc.)		10. FIELD AND POOL, OR WILDCAT San Andres - Yeso	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1-18S-27E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

16. 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) _____	<input type="checkbox"/>
(Other) _____		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)*

12-8-89. P&A'd as follows:

Plug	Interval	Cmt	Remarks
1	2000-5400	200 sx	Pmpd dwn inj tbg & displaced to 2000'. WOC 4 hrs.
2	1650-1960	30 sx	Tag toc at 1962. Circ w/MLF. Spot cmt.
3	1150-1580	80 sx	Spot
4	575-900	90 sx	Spot
5	0-100	35 sx	Spot

COC. Installed Dry Hole Marker.
P&A'd 12-9-89.

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

SIGNED Kenneth Gosnell TITLE Engr. Tech. Spec. DATE 1-31-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-5-90

CONDITIONS FOR APPROVAL, IF ANY:

Approved by _____
Liability under contract _____
surface restoration is complete

* See Instructions on Reverse Side

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.