

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC028480A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

EMPIRE ABO UNIT

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

Sec. 1, T18S, R27E

12. COUNTY OR PARISH 13. STATE

EDDY

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ P&A LOCATION

FEB - 8 '90

2. NAME OF OPERATOR

ARCO OIL AND GAS COMPANY

O. C. D.

3. ADDRESS OF OPERATOR

ARTESIA, OFFICE

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

UNIT LETTER O, 660 FSL, 1980 FEL

14. PERMIT NO

3001500282

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

3640' DF

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) DEFER RECLAMATION OF LOCATION

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.) *

This well was plugged and abandoned 12/08/89. ARCO currently has a fenced water transfer station in use on this location.

ARCO requests permission to defer reclamation until such time as transfer station has been removed.

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

SIGNED

TITLE Administrative Supervisor

DATE 2/7/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side