

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

811 S. 1st Street
Artesia, NM 87010-2834

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

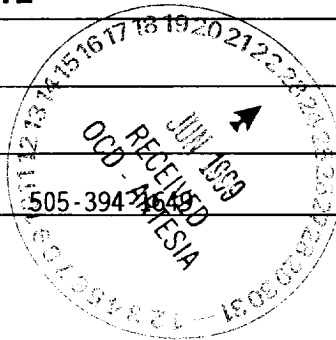
SUNDRY NOTICES AND REPORTS ON WELLS

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
☒ Oil Well ☐ Gas Well ☐ Other
2. Name of Operator
ARCO Permian
3. Address and Telephone No.
P.O. Box 1089, Eunice, NM 88231
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
959.04 FSL & 1644.42 FWL UNIT LETTER N
SEC. 1, T18S, R27E



5. Lease Designation and Serial No.

NM0557371

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910138010

8. Well Name and No.

EMPIRE ABO UNIT L-18

9. API Well No.

30-015-00713

10. Field and Pool, or exploratory Area

EMPIRE ABO

11. County or Parish, State

EDDY COUNTY NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other MIT
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ 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: 6174' PBD: 6080' PERFS: 6042-6056' PKR: 5930'

06/7/99: CSG MIT CONDUCTED 3/9/98. TEST WITNESSED BY KENT WHITMIRE - ARCO.
PRESS TESTED TO 458#. HELD 15 MINS. HELD OK. CHART ATTACHED.
ARCO PERMIAN REQUESTS PERMISSION TO KEEP WELL T&A'D FOR ADDITIONAL
12 MONTH PERIOD.

APPROVED FOR 12 MONTH PERIOD
3-9-2000

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BUREAU OF LAND MGMT.
LANDS AND RESOURCE AREA

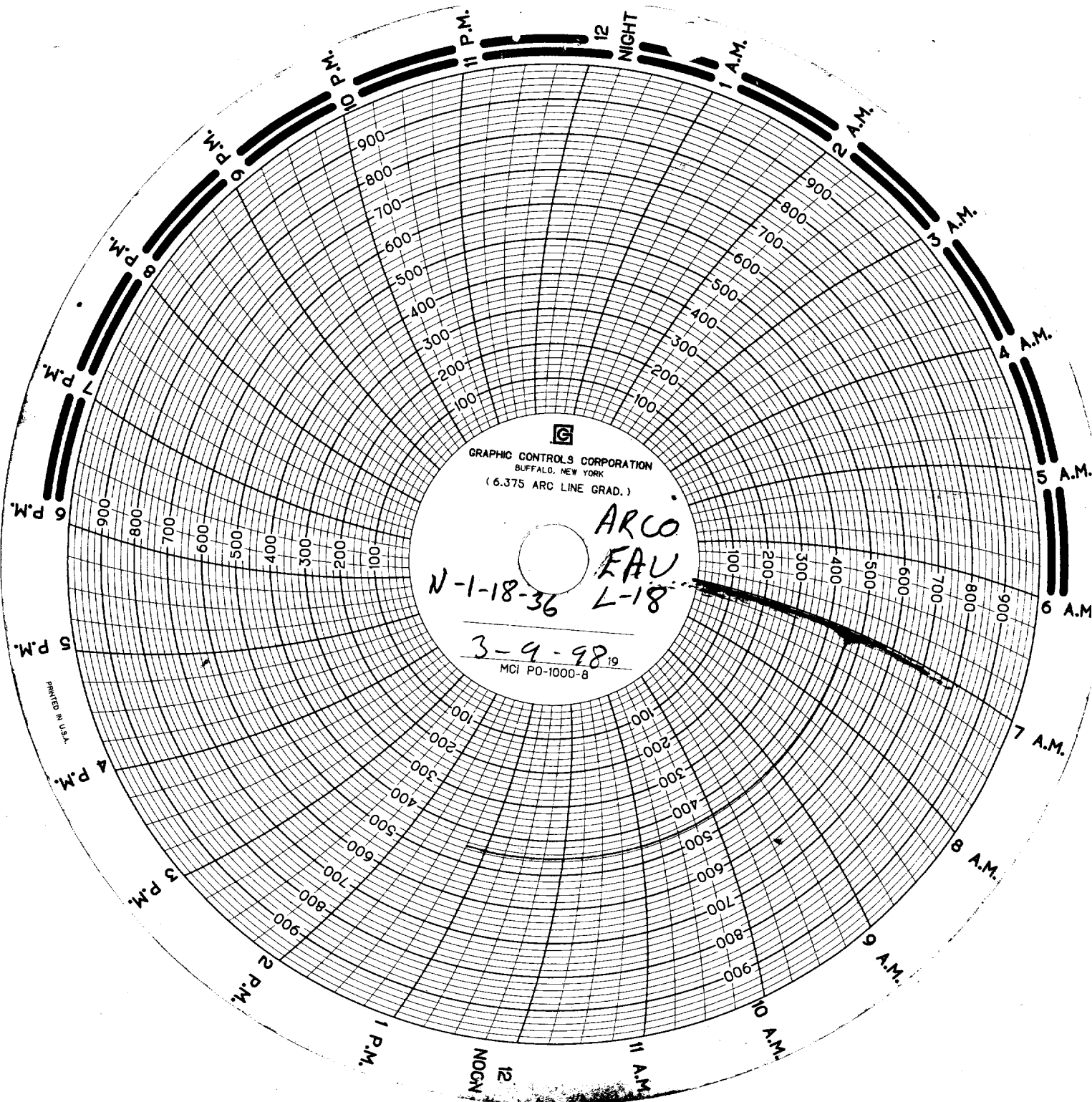
14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Administrative Assistant Date 6/7/99

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
(6.375 ARC LINE GRAD.)

ARCO
FAU
N-1-18-36 L-18

3-9-98¹⁹
MCI PD-1000-8

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DEPT. OF LAND MGMT.
CARLETON RESOURCE AREA