

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions on re-
verse side)

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

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 055465 (b)	
2. NAME OF OPERATOR ARCO OIL AND GAS COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR BOX 1710, HOBBS, NEW MEXICO 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL and 2310 FWL (Unit Letter J)		8. FARM OR LEASE NAME EMPIRE ABO UNIT "J"	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3577' DF		10. FIELD AND POOL, OR WILDCAT EMPIRE ABO	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-18S-27E	
		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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) CASING INTEGRITY TEST <input checked="" type="checkbox"/>		(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.) *

On 8/3/77 a CIBP was set at 5450'

Procedure:

1. Notify BLM and NMOCD 24 hrs prior to testing casing.
2. The casing will be filled with fluid and pressure tested to 500 psi for 15 minutes with a 10% allowable for leak-off (I.E. 450 psi).
3. Submit a subsequent report on Sundry Notice w/chart attached.

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

SIGNED [Signature]

TITLE Services Supervisor

DATE 10/27/89

(This space for Federal or State office use)

APPROVED BY Orig. Signed by, Adam Salameh
CONDITIONS OF APPROVAL, IF ANY:

TITLE

PETROLEUM

DATE 11-15-89

*See Instructions on Reverse Side