

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

OCT 16 1992

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

5. Lease Designation and Serial No.
LC 055465B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
8910138010

8. Well Name and No.
EMPIRE ABO UNIT "J" 10

9. API Well No.
30-015-00746

10. Field and Pool, or Exploratory Area
EMPIRE ABO

11. County or Parish, State
EDDY, N.M.

SUNDRY NOTICES AND REPORTS ON WELLS
O.C.D.

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 GAS INJECTION WELL

2. Name of Operator
ARCO OIL AND GAS COMPANY

3. Address and Telephone No.
P. O. BOX 1710 HOBBS, NEW MEXICO 88240

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit J, 2310 FNL & 2310 FWL, Sec 3, T18S, R27E

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other MIT TEXT	<input type="checkbox"/> 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 5705 P B D 5670 PERFS 5564-5630 PKR 54552

09/24/92 PRESSURE CSG 500#'s AND HOLD FOR 15 MINUTES,
NO LOSS

WITNESSED BY JOHNNY ROBINSON, N.M.O.C.D.

CHART ATTACHED

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

Signed

Title Operations Coordinator

Date 10/02/92

(This space for Federal or State office use)

Approved by

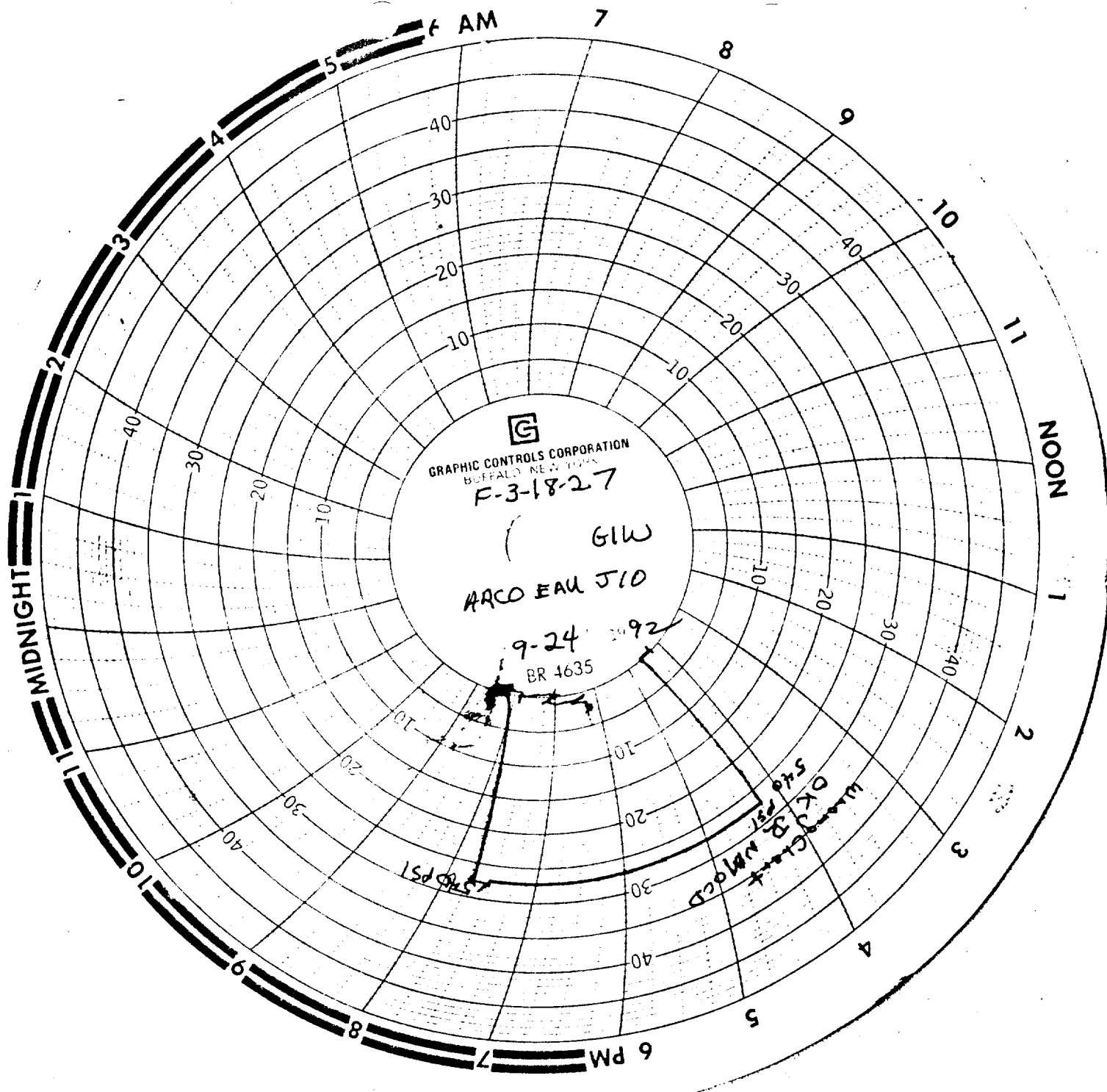
Title

Date

Conditions of approval, if any:

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.

*See Instruction on Reverse Side



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
F-3-18-27

GIW
ARCO EAU J10

9-24-92
BR 4635

OK 3 M/Sec
540 PSI