

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions
reverse side)

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

dsf

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
ALCO OIL AND GAS COMPANY
3. ADDRESS OF OPERATOR
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
1992 FEB - 1980 FEB (UNIT LETTER J)
14. PERMIT NO.
30-15-00747
15. ELEVATIONS (Show whether OF, RT, GR, etc.)
3539' RDB

5. LEASE DESIGNATION AND SERIAL NO.
8910138010
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
EMPIRE ABO UNIT "K"
9. WELL NO.
11
10. FIELD AND POOL, OR WILDCAT
EMPIRE ABO
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 3, T18S, R27E
12. COUNTY OR PARISH
EDDY
13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NATURE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST / ACQUISITION / REPAIR	REPAIR OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
REPAIR OR ALTER CASING	MULTIPLE COMPLETION	FRACTURE TREATMENT	ALTERING CASING
REPAIR OR ALTER CASING	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR OR ALTER CASING	CHANGE PLANT	(Other) MIT & RETURN TO PRODUCTION	X

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

17. DESCRIBE THE WELL OR OPERATING OPERATION. Affordably state all pertinent details, and give pertinent dates, including estimated date of starting any work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to the operation.

PERMITS: 5650 56501; PKR SET @ 5558'

3/4/92 TEST CSG @ 500# FOR 30 MIN. WELL RETURNED TO PRODUCTION. TEST WITNESSED BY GARY WILLIAMS (NMOC), DERROLL WOLFENBARGER (ARCO).

APR 11 1992

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HOBBS, NEW MEXICO

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

SIGNED [Signature] TITLE Operations Coordinator DATE 4/8/92
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

