

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRII ATE\*  
(Other instructions on re-  
verse side)

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

015F

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"/>		2. NAME OF OPERATOR ARCO OIL AND GAS COMPANY		3. ADDRESS OF OPERATOR P.O. 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  2310' FNL and 1650' FEL (unit Letter G)		5. LEASE DESIGNATION AND SERIAL NO. LC 065478 (b)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3565' DF		12. COUNTY OR PARISH EDDY		13. STATE NM		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME EMPIRE ABO UNIT "J"	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:				9. WELL NO. 11		10. FIELD AND POOL, OR WILDCAT EMPIRE ABO	
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"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-18S-27E			
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"/>											

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.) \*

ARCO REQUESTS AN EXTENSION TO KEEP THIS WELL IN A T.A. STATUS FOR  
FUTURE FIELD BLOW-DOWN

APPROVED FOR 12 MONTH PERIOD

END NO. 12/31/91

RECEIVED  
JAN 23 12 55 PM '91  
CARTER  
AREA

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>[Signature]</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>1/21/91</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>FEDERAL ENGINEER</u>	DATE <u>1-28-91</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side