

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

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
ARCO 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
2310 FNL - 1650 FEL (UNIT LETTER G)

14. PERMIT NO.
30-015-00748

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3565' DF

RECEIVED

APR 16 1992

O.C.D.
OFFICE OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
8910138010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
STATE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
EMPIRE ABO UNIT "J"

9. WELL NO.
11

10. FIELD AND POOL, OR WILDCAT
EMPIRE ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 2, T18S, R27E

12. COUNTY OR PARISH
EDDY

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) TEMPORARILY ABANDON	<input checked="" type="checkbox"/>		

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

17. GENERAL COMMENTS OR COMPLETED OPERATION. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any operations. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to work.

HOLD WELL BORE FOR FIELD BLOW DOWN

PERFS: 5620-5664'; CIBP @ 5296'

3/30/92 CSG INTEGRITY TEST, LOAD WELL BORE w/8.6# BRINE w/WT-675 CHEMICAL, PRESSURE UP TO 500#, AND HOLD 30 MINS. TEST WITNESSED AND CHARTS INITIALED BY GARY WILLIAMS (NMOCD).

IN ORDER TO MINIMIZE PAPER WORK AND CONFUSION, WE REQUEST A 5 YEAR PERMIT TO COINCIDE WITH THE NMOCD RULE 203 AND ITS 5 YEAR TA PERIOD.

CHART ATTACHED.

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

SIGNED

TITLE Operations Coordinator

DATE 4/9/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

