

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN REVERSE
(Other instructions on reverse side)

Expires August 31, 1985
45F

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"/>	RECEIVED BY AUG 3 - 1987 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-028805 (b)
2. NAME OF OPERATOR ARCO Oil and Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702		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 & 990 FWL (Unit Letter E)		8. FARM OR LEASE NAME Empire Abo Unit "J"
14. PERMIT NO. 30-015-00750	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3557' GR	9. WELL NO. 9
		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

16. 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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)*

Propose to:

1. Press test csg to 500#
2. DO CIBP at 5525 & push to PBD 5639
3. Swab test Abo perms 5562-5614
 - a. If test indicate well to be economical producer,
 1. Eliminate press on surf csg w/cmt squeeze
 2. Install production equip.
 - b. If test indicate well to be uneconomical,
 1. Set CIBP w/20-735' cmt at 5515
 2. Load hole & RD pndg approval to P&A

RECEIVED
JUL 23 10 56 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED <u>Ken W. Gosnell</u>	TITLE <u>Engr. Tech. Spec.</u>	DATE <u>7-22-87</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>7-31-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

