

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
reverse side)

Form approved.
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME EMPIRE ABO PRESSURE MAINTENANCE PROJECT
2. NAME OF OPERATOR ARCO OIL AND GAS COMPANY	8. FARM OR LEASE NAME EMPIRE ABO UNIT "L"
3. ADDRESS OF OPERATOR BOX 1710, HOBBS, NEW MEXICO 88240	9. WELL NO. 11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 610' FSL and 1980' FEL (Unit Letter O)	10. FIELD AND POOL, OR WILDCAT EMPIRE ABO
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 3-18S-27E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3512' GL	12. COUNTY OR PARISH EDDY
	13. STATE NM

RECEIVED

JAN 18 '90

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 type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) CASING INTEGRITY TEST <input checked="" type="checkbox"/>	

(Other) _____

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.)

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

On 11/20/88 a RBP was set at 5288'

On 12/20/89 Csg was filled with fluid and pressured to 530# psig in 15 min.
Press. = 530# psig

Test was witnessed by BLM Rep., Daniel Cortez
Chart attached.

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

RECEIVED

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE 12/28/89

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 1-12-90

*See Instructions on Reverse Side

