

Form 100-101
November 1981
Bureau of Land Management

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions
verse side)

Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO

8910138010

IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED
NAME OF OPERATOR		APR 16 1992
ARCO OIL AND GAS COMPANY		O. C. D.
ADDRESS OF OPERATOR		SPECIAL OFFICE
BOX 1710, HOBBS, NEW MEXICO 88240		
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface		
610 FSL - 1980 FEL (UNIT LETTER O)		
PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
30-015- 00758	3512' GL	

7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	
EMPIRE ABO UNIT "L"	
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	13. STATE
EDDY	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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) TEMPORARILY ABANDON	<input checked="" type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
CHANGE PLANT	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

17. DESCRIBE REPAIR, RECOMPLETION, OR COMPLETE OPERATION. (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 the work.)

HOLD WELL BORE FOR FIELD BLOW DOWN

PERFS: SQUEEZED ; RBP @ 5288'

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.

APPROVED FOR 12 MONTH PERIOD
ENDING 3/30/93

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)

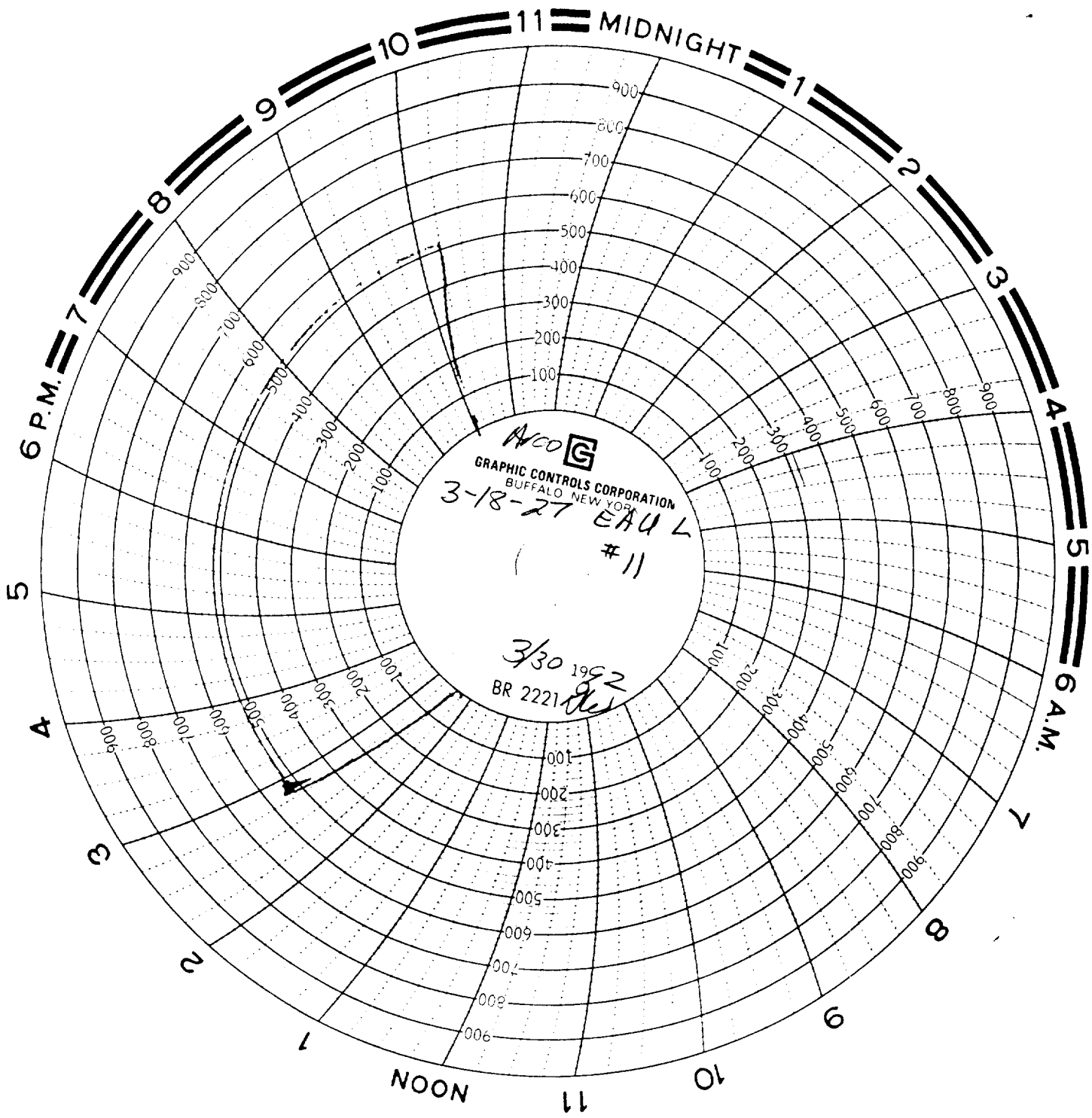
APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



ACO G

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
3-18-27 EAU L
#11

3/30 1952
BR 2221