

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires September 10, 1990

CLSF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. TYPE OF WELL <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-025604
2. NAME OF OPERATOR ARCO Oil & Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS AND TELEPHONE NO. P.O. Box 1610, Midland, TX 79702 (915) 688-5672	7. IF UNIT OR CA, AGREEMENT DESIGNATION
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 610 FSL & 1980 FEL (Unit Letter O) 3-18S-27E	8. WELL NAME AND NO. Empire Abo Unit "L" #11
	9. API WELL NO. 30-015-00758
	10. FIELD AND POOL, OR EXPLORATORY AREA Empire Abo
	11. COUNTY OR PARISH, STATE Eddy

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> NOTICE OF INTENT	<input type="checkbox"/> ABANDONMENT
<input checked="" type="checkbox"/> SUBSEQUENT REPORT	<input type="checkbox"/> RECOMPLETION
<input type="checkbox"/> FINAL ABANDONMENT NOTICE	<input type="checkbox"/> PLUGGING BACK
	<input type="checkbox"/> CASING REPAIR
	<input type="checkbox"/> ALTERING CASING
	<input type="checkbox"/> Other
	<input type="checkbox"/> CHANGE OF PLANS
	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> NON-ROUTINE FRACTURING
	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> CONVERSION TO INJECTION

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

3. 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.)*

5-21-92. RUPU. DO CR at 5910 and cmt to 5933. Press test csg to 600#. Perf Abo f/5910-5920. Acidize w/1400 gals. Swab test. Perf Abo f/5870-5890. Acidize Abo perms f/5847-5920 w/1600 gals. Swab test. Displace csg w/pkr fluid. Set pkr on 2-3/8 tbg at 5780. Press test csg & pkr to 500#.

5-27-92. RDPU.
Remedial work unsuccessful. Holding wellbore for BHP monitoring.

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

SIGNED Ken W Gosnell TITLE Regulatory Coordinator DATE 6-24-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS FOR APPROVAL, IF ANY:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.