

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
ARCO OIL AND GAS COMPANY

3. Address and Telephone No.
P.O. BOX 1710 HOBBS, NEW MEXICO 88240 (505) 391-1602

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
610' FSL & 1980' FEL UNIT LETTER O
SEC. 3, T18S, R27E

5. Lease Designation and Serial No.

NM 025604

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
8910138010

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 CO

NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other TEMPORARILY ABANDON
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

TD: 6048' PBD: 5933'
PERFS: 5847' TO 5920' CIBP @ 5780'
HOLD FOR FIELD BLOWDOWN CHART ATTACHED
03/08/94 CSG MIT FOR MNOC
MIT EVERY FIVE YEARS IN ACCORDANCE WITH MNOC RULE 203

TH APPROVED FOR 12 MONTH PERIOD
ENDING 3/8/95

RECEIVED
MAR 25 11 24 AM '94

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

Signed Bob M. [Signature] Title OPERATIONS COORDINATOR

Date 3/24/94

(This space for [Signature] State of [State])

Approved by JOE G. LARA

Title PETROLEUM ENGINEER

Date 4/15/94

Conditions of approval, if any:

