

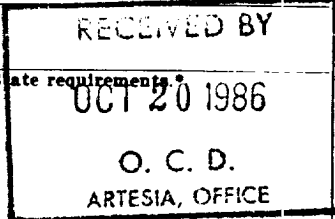
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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"/>	2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. of Atlantic Richfield Company	3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FWL & 430' FSL (Unit letter N)	5. LEASE DESIGNATION AND SERIAL NO. NM 029135	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Empire Abo Unit "L"	9. WELL NO. 6	10. FIELD AND POOL, OR WILDCAT Empire Abo	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-18S-27E	12. COUNTY OR PARISH Eddy	13. STATE N.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3573' DF											



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

Request approval to hold well for use as a pressure observation well for pressure surveys and hold for future use in the eventual blow down of the Empire Abo reservoir.

APPROVED FOR 12 MONTH PERIOD

ENDING 10-16-87

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

SIGNED <u>JW Amy</u>	TITLE <u>Area Prod. Supt.</u>	DATE <u>10/10/86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>10-16-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side