Ong. Signs Hill Turner Dufameh			DATE 11-1389
IGNED Juny Crystan This space for Federal or State office use)	TITLE Servio	ces Supervisor	DATE 10/27/89
hereby certify that the foregoing is true and correct			
			EIVE
3. Submit a subsequent report on	n Sundry Not	ice w/chart attacl	\circ
with a 10% allowable for leak	C-Off (1.E.	450 psi).	
 Notify BLM and NMOCD 24 hrs p The casing will be filled with 			
rocedure:			
n 1/28/76 a CIBP was set at 5325'			-
DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st proposed work. If well is directionally drilled, give nent to this work.) •	late all pertinent di subsurface location	completion of necor	apietion Report and Log form)
Other) CASING INTEGRITY TEST	xx	(Other) (Note: Report resu	its of multiple completion on Well
FRACTURE TREAT MULTIPLE COMPLETI SHOOT OR ACIDIZE ABANDON*	ε	FRACTURE TREATMENT Shooting or acidizing	
TEST WATER SHUT-OFF PULL OR ALTER CAS		RUBS WATER SHUT-OFF	BQUENT REPORT OF :
Check Appropriate Box T NOTICE OF INTENTION TO:	To Indicate Nat		
	F		EDDY NM
PERMIT NO. 15. ELEVATIONS ((Show whether DF, R	r, or, etc.)	4-185-27E 12. COUNTY OF PARISE 13. STATE
2310' FWL and 430' FSL (Unit Let	ter N)		EMPIRE ABO 11. BBC., T., B., M., OR BLK. AND SURVEY OR AREA
At surface		ate requiremba WAKE	10. FIELD AND POOL, OR WILDCAT
BOX 1710, HOBBS, NEW MEXICO 882. LOCATION OF WELL (Report location clearly and in account See also apace 17 below.)	40	O. C. D.	9. WELL NO.
ARCO OIL AND GAS COMPANY		NOV 20'89	8. FARM OR LEASE NAME EMPIRE ABO UNIT "L"
NAME OF OPERATOR		10	
(Do not use this form for proposals to drill or to Use "APPLICATION FOR PERM	deepen or plug bac filT'' for such pro	the to a different reservoir.	7. UNIT AGREEMENT NAME
(De not use this form for any this him	REPORTS O	N WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAS
BUREAU OF LAND N SUNDRY NOTICES AND			<u>NM 029135</u>