

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions
reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

8910138010

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

SEC. 4, T18S, R27E

12. COUNTY OR PARISH 13. STATE

EDDY

NM

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 ☒ GAS WELL ☐ OTHER ☐

RECEIVED

APR 16 1992

O. C. D.
OFFICE OFFICE

1. NAME OF OPERATOR

ARCO OIL AND GAS COMPANY

2. ADDRESS OF OPERATOR

BOX 1710, HOBBS, NEW MEXICO 88240

3. 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)

14. PERMIT NO

30-015-00769

15. ELEVATIONS (Show whether DF, RT, CR, 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 ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDON ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT ☐

REPAIR ABANDON ☐

CHANGE PLANT ☐

(Other) TEMPORARILY ABANDON ☒

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

17. DESCRIPTION OF WELL OR COMPLETION OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and
completion of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent
to this work.)

HOLD WELL BORE FOR FIELD BLOW DOWN

PERFS: 5560-5584'; CIBP @ 5325'

3/31/92 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 4-15-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side