

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 061783 (a) ✓	
2. NAME OF OPERATOR ARCO OIL AND GAS COMPANY ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR BOX 1710, HOBBS, NEW MEXICO 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL and 330' FEL (Unit Letter I)		8. FARM OR LEASE NAME EMPIRE ABO UNIT "K" ✓	
14. PERMIT NO.		9. WELL NO. 8 ✓	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3580' RDB ✓		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 NM	

RECEIVED

JAN 18 1990

O. C. D.
ARTESIA, OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> CASING INTEGRITY TEST	

(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.)

On 6/1/76 a CIBP was set at 5300'

On 12/20/89 Csg was filled with fluid and pressured to 585# psig in 15 min.
Press. = 580# psig

Test was witnessed by BLM Rep., Daniel Cortez.
Chart attached.

ARCO REQUESTS PERMISSION TO KEEP THIS WELL
IN A T.A. STATUS FOR FUTURE FIELD BLOW-DOWN.

JAN 29 1990
C.A.E. AREA

RECEIVED

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

SIGNED [Signature]

TITLE ADMINISTRATIVE SUPERVISOR

DATE 12-28-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 1-12-90

*See Instructions on Reverse Side