

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ARCO OIL AND GAS COMPANY	8. FARM OR LEASE NAME EMPIRE ABO UNIT "K"
3. ADDRESS OF OPERATOR BOX 1710, HOBBS, NEW MEXICO 88240	9. WELL NO. 8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FSL - 330 FEL (UNIT LETTER I)	10. FIELD AND POOL, OR WILDCAT EMPIRE ABO
14. PERMIT NO. 30-015-00774	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 4, T18S, R27E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3580' RDB	12. COUNTY OR PARISH EDDY
	13. STATE NM

RECEIVED

APR 10 1992

O. C. D.
OFFICE

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"/>
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"/>	

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) TEMPORARILY ABANDON <input checked="" type="checkbox"/>	

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

17. DESCRIBE THE WELL OR COMPLETE OPERATION. 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 the work.

HOLD WELL BORE FOR FIELD BLOW DOWN

PERFS: 5502-5552'; CIBP @ 5300'

3/30/92 CSG INTEGRITY TEST, LOAD WELL BORE w/8.6# BRINE w/WI-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.

This Approval of Temporary
Abandonment Expires 4/01/97 G.W.L.
NMOCD

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

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side