

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instruct  
verse side)

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"/>	RECEIVED	5. LEASE DESIGNATION AND SERIAL NO. LC 061783 (A)
2. NAME OF OPERATOR ARCO OIL AND GAS COMPANY	OCT 31 '89	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR BOX 1710, HOBBS, NEW MEXICO 88240	ARTESIA, OFFICE	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 330' FSL and 1637.98' FEL (Unit Letter O)		8. FARM OR LEASE NAME EMPIRE ABO UNIT "L"
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3566' RKB	9. WELL NO. 7
		10. FIELD AND POOL, OR WILDCAT EMPIRE ABO
		11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA 4-18S-27E
		12. COUNTY OR PARISH EDDY
		13. STATE NM

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 COMPLETE <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) CASING INTEGRITY TEST <input checked="" 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.)

On 5/16/89 a CIBP was set at 5270'

5/16/89 Load hole test to 500# (witnessed by BLM, Dale Carpenter) 30 min.

POH w/60 jts 2-3/8" tbg laying down. SION. RD.

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

SIGNED [Signature]

TITLE Services Supervisor

DATE 10/27/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side