Mcmn 3160-5	UN ED S	TATES	SUBMIT IN TRI	ATE.	Form approved Budget Bureau	No. 1004-0135	
November 1983) Formerly 9-331)	DEPARTMENT OF		(Other Instruction	19 Pe-	Expires Augus 5. LEASS DESIGNATION	it 31, 1985	
	BUREAU OF LAND	MANAGEMENT			LC-061783 ((A)	
SUI	NDRY NOTICES AND	REPORTS O	N WELLS		6. IF INDIAN, ALLOTTI	SE OR TRIBE NAME	
	is form for proposals to drill or to Use "APPLICATION FOR PEI	to deepen or plug ba	ck to a different reservoir.				
i			RECEIVED		7. UNIT AGREMENT N	AMB	
WELL XX GAR WELL	OTHER		KECEIVED				
2. NAME OF OPERATOR		MAY 2 2 1991			8. FARM OR LEAGE NAME		
ARCO OIL AND	D GAS COMPANY		O. C. D.		EMPIRE ABO	UNIT "L"	
BOX 1710. H	OBBS, NEW MEXICO 88	240	ARTESIA, OFFICE	ļ	7		
4. LOCATION OF WELL (See also space 17 be	(Report location clearly and in ac	cordance with any S	tate requirements.		10. FIELD AND POOL,	OR WILDCAT	
At surface					EMPIRE ABO		
1 ⁵ .					BURYDY OR ARE.		
330 FAL and	1637.98 FEL (Unit L	etter 0)		1	Sec. 4, T18	S. R27E	
14. PERMIT NO.	1 15. ELEVATION	s (Show whether DF,	RT, GR. etc.)		12. COUNTY OR PARIS		
	3566'	RKB			EDDY	NM	
16.	Check Appropriate Box	x To Indicate No	ature of Notice, Report	, or Ot	her Data		
					UBNT REPORT OF:		
TEST WATER SHUT-	OFF PULL OR ALTER (ASING	WATER SHUT-OFF		REPAIRING	WELL	
FRACTURE TREAT	MULTIPLE COMPI	ETE	PRACTURE TREATMENT	·	ALTERING C	DMISA	
SHOOT OR ACIDIZE	ABANDON*		SECOTING OR ACIDIZING (Other) TA PERM		ABANDONME	XX XX	
(Other)	L. J. CHARGE PEASO		(Note: Report	results o	f multiple completion ion Report and Log fo	on Well	
17. DESCRIBE PROPOSED	OR COMPLETED OPERATIONS (Clearly well in directionally drilled, given	y state all pertinent	details and also pertinent	dates to	ncluding estimated de-	20 00 010 0110 0 000	
nent to this work.	1 •				orprine to all market	a una sones perti-	
5/16/89 CI	BP WAS SET AT 5270'						
, ,							
	AD HOLE TEST TO 500# S 2-3/8" TBG LAYING			CPENTE	(R) 30 MIN. P	OH w/60	
J1.	3 2-3/0 IDO LATINO	DOWN. STON.	ICD.				
WE REQUEST	AN EXTENSION TO THE	APPROVED TA	PERMIT THAT EXPI	RED 1	1/1/90.		
			. 15 . 1	a commence of the same			
			ا لا لا تأيال المسترسم الم	or LASS			
			1 M	15%	£ \		
			/ Ma.		0 5		
			""47	ls.	12		
			1000	* /9	91		
				, ,			
			138	M	_ /		
			WEW WAR	Mexic	.0		
8 I hereby certify that	t the foregoing is true and correc	•t		M area à comme	· · · · · · · · · · · · · · · · · · ·		
SIGNED	166-		nistrative Superv	isor	11/	6/90	
	oral or State office use)				DATE		
	HAN OF STREE OMCE USE)		TROLEUM ENGINEER		5/2	olai	
APPROVED BY CONDITIONS OF A	PPROVAL, IF ANT:	TITLE			DATE	71	
ADDDOVED FO	R 12 MONTH PERIOD						
	/ /	•	n 6.1				
ENDING	>/20/72	See Instructions o	on Keverse Side				