

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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 MAR 13 1992 O. C. D. OFFICE		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 330 FML 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., M., OR BLK. AND SURVEY OR AREA Sec. 4, T18S, R27E	
				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 checked="" type="checkbox"/>
(Other) TA PERMIT <input 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.)*

5/16/89 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.

WE REQUEST AN EXTENSION TO THE APPROVED TA PERMIT THAT EXPIRED 11/1/90.

RECEIVED
NOV 7 11 48 AM '90
CARLSON
AREA

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

SIGNED <u>[Signature]</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>11/6/90</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE <u>3-12-92</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side