

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

8910138010

6 IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

RECEIVED

2. NAME OF OPERATOR

ARCO OIL AND GAS COMPANY

APR 16 1992

3. ADDRESS OF OPERATOR

BOX 1710, HOBBS, NEW MEXICO 88240

O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal law.
See also space 17 below.)
At surface

330 FSL - 1637.98 FEL (UNIT LETTER D)

14. PERMIT NO.

30-015-00775

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3566' RKB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EMPIRE ABO UNIT "L"

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

EMPIRE ABO

11. SEC., T., R., W., OR BLE. AND
SURVEY OR AREA

SEC. 4, T18S, R27E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOTING OR ACIDIZING

REPAIR WELL

CEILING

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) TEMPORARILY ABANDON

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

17. DESIGNATION OF WELL OR COMPLETION OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
pertinent work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.

HOLD WELL BORE FOR FIELD BLOW DOWN

PERFS: 5285-5324'; CIBP @ 5270'

3/31/92 CSG INTEGRITY TEST, LOAD WELL BORE w/8.6# BRINE w/WT-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.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/30/93

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 4-15-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side