

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

OCT 13 1992

O. C. D.

ARTESIA OFFICE

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
LC061783 A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
8910138010

8. Well Name and No.  
EMPIRE ABO UNIT "k" 7

9. API Well No.  
30-015-00776

10. Field and Pool, or Exploratory Area  
EMPIRE ABO

11. County or Parish, State  
EDDY, N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other GAS INJECTION WELL
2. Name of Operator  
ARCO OIL AND GAS COMPANY
3. Address and Telephone No.  
P. O. BOX 1710 HOBBS, NEW MEXICO 88240
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit J, 1581.7 FSL & 1645.38 FEL, Sec 4, T18S, R27E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other MIT TEXT
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non-Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

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

13. 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.)

TD 5630 P B D 5500 PERFS 5440-5490 PKR 5333

09/24/92 PRESSURE CSG 500#'s AND HOLD FOR 15 MINUTES,  
NO LOSS

WITNESSED BY JOHNNY ROBINSON, N.M.O.C.D.

CHART ATTACHED

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

Signed [Signature] Title Operations Coordinator Date 10/02/92

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side