

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse 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	
2. NAME OF OPERATOR		APR 10 1992	
ARCO OIL AND GAS COMPANY		O. C. D. SPECIAL OFFICE	
3. ADDRESS OF OPERATOR		9. WELL NO.	
BOX 1710, HOBBS, NEW MEXICO 88240		4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT	
2260/N 400/E		EMPIRE ABO	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
30-015-00823	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	SEC. 8, T18S, R27E	
	3522' RKB	12. COUNTY OR PARISH	13. STATE
		EDDY	NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) TEMPORARILY ABANDON <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE THE WORK OR COMPLETED OPERATION. 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 the work.

HOLD WELL BORE FOR FIELD BLOW DOWN

PERFS: 5176-5186'; CIBP @ 5138'

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.

This Approval of Temporary
Abandonment Expires 4/01/97 NMOCD

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

SIGNED [Signature] TITLE Operations Coordinator DATE 4/9/92
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side