

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other Instructions on  
reverse side)

Budget Bureau No. 1004-01  
Expires August 31, 1989

5. 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 ☐  
2. NAME OF OPERATOR  
ARCO OIL AND GAS COMPANY  
3. ADDRESS OF OPERATOR  
BOX 1710, HOBBS, NEW MEXICO 88240  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below)  
At surface

RECEIVED

APR 16 1992

O. C. D.  
OFFICE

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
EMPIRE ABO UNIT "N"  
9. WELL NO.  
4  
10. FIELD AND POOL, OR WILDCAT  
EMPIRE ABO  
11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
SEC. 8, T18S, R27E  
12. COUNTY OR PARISH  
EDDY  
13. STATE  
NM

14. PERMIT NO.  
30-015-00823  
15. ELEVATIONS (Show whether OF, RT, GR, etc.)  
3522' RKB

2260/N 400/E

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANT ☐  
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) TEMPORARILY ABANDON ☒

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

17. DESCRIPTION OF COMPLETION OPERATION: Clearly state all pertinent details and give pertinent dates, including estimated date of starting any  
production work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent  
to production 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.

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side