Form 3160-5 (Formerly 9-331)

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

BUREAU OF LAND MANAGEMENT

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.)

RECEIVED
MAY 13 1992
O. C. D.
ARTESIA, OFFICE

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: UNIT LETTER K, 1980 FSL - 1980 FWL

14. PERMIT NO.: 30-015-00835

15. ELEVATIONS (Show whether DF, RT, GR, etc.): DF 3523'

5. LEASE DESIGNATION AND SERIAL NO.: 8910138010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: EMPIRE ABO UNIT "O"

9. WELL NO.: 6

10. FIELD AND POOL, OR WILDCAT: EMPIRE ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC. 9, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) CONVERT TO ARTIFICIAL LIFT	X
(Other)		(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.)*

TD 5717'; PBD 5686'; PERFS: 5600-5628'

4/07/92 CONVERT WELL FROM NATURAL FLOW TO ARTIFICIAL LIFT, SN @ 5555'

BUREAU OF LAND MANAGEMENT RECEIVED APR 23 1992 Carlsbad, New Mexico DIST. 6 N.M.

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

SIGNED [signature] TITLE Operations Coordinator DATE 4/22/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.