

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL AND GAS
Drawn: DD
Approved: NM

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

dsf

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 CO. ✓

3. Address and Telephone No.

P.O. 1710 HOBBS NM 88240

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

(UNIT M) 330 FSL & 990 FWL, SEC 9, T18S, R 27E

5. Lease Designation and Serial No.

LC070938

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910138010

8. Well Name and No.

EMPIRE ABO UNIT "P" 5

9. API Well No.

30-015-00839

10. Field and Pool, or Exploratory Area

EMPIRE ABO

11. County or Parish, State

EDDY, NM

JAN 18 1994

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 _____
- ☐ 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 5768, PBD 5740, PERFS 5630-56

NOTIFY BLM AND NMOC D PRIOR TO STARTING WORK

PERF CSG WITHIN ABO INTERVAL 5378-5674, STIMULATE, SWAB TEST, SET PKR @ 5330,

LOAD CSG W/TREATED FLUID

TEST CSG TO 500# FOR 30 MIN, AND START GAS INJECTION

Subject to
Like Approval
by State

RECEIVED
SEP 20 9 24 AM '93
OAR
ARL

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

Signed 

Title OPERATION COORDINATOR

Date 9-17-93

(This space for Federal or State office use)

Approved by (OPIG, SGD.) JOE G. LARA

Title PETROLEUM ENGINEER

Date 1/12/94

Conditions of approval, if any: