

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse 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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	APR 16 1992	8. FARM OR LEASE NAME
ARCO OIL AND GAS COMPANY	O. C. D.	EMPIRE ABO UNIT "N"
3. ADDRESS OF OPERATOR	OFFICE	9. WELL NO.
BOX 1710, HOBBS, NEW MEXICO 88240		701
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
		EMPIRE ABO
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		SEC. 9, T18S, R28E
		12. COUNTY OR PARISH
		EDDY
		13. STATE
		NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
30-015- 00846	3547' RDB	

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 A WELL <input type="checkbox"/>	CHANGE PLANT <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 WELL OR COMPLETE 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 this work.

HOLD WELL BORE FOR FIELD BLOW DOWN

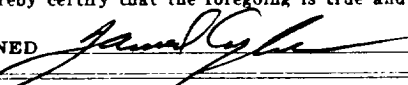
PERFS: 5496-5622'; CIBP @ 5450'

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 (NMOC D).

IN ORDER TO MINIMIZE PAPER WORK AND CONFUSION, WE REQUEST A 5 YEAR PERMIT TO COINCIDE WITH THE NMOC D RULE 203 AND ITS 5 YEAR TA PERIOD.

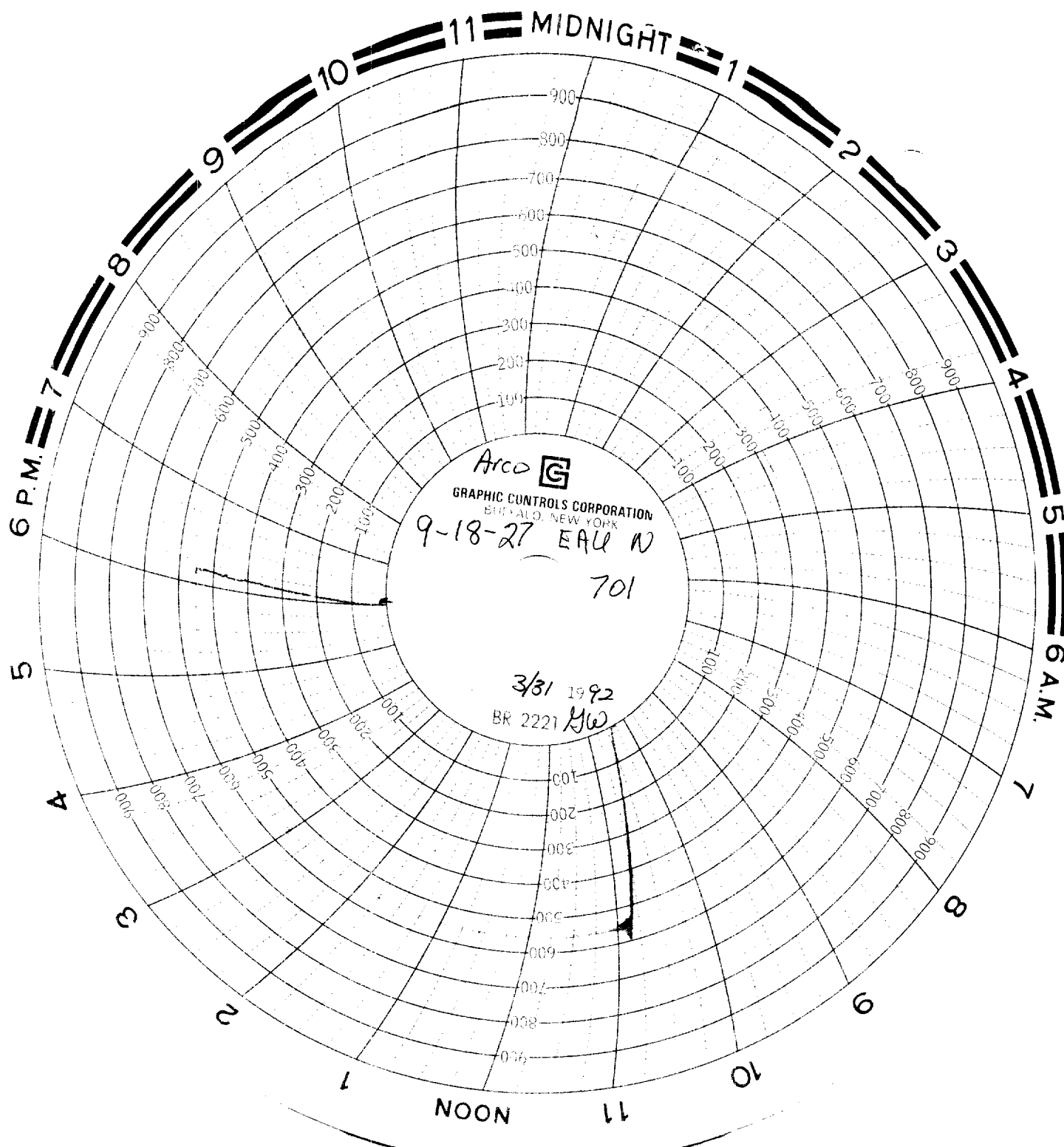
CHART ATTACHED.

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

RECEIVED  
APR 13 10 42 AM '92  
C. J. ARL



RECEIVED

APR 13 10 42 AM '92

CAL  
ARL

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