

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other    | 5. Lease Designation and Serial No.<br>NM 025604      |
| 2. Name of Operator<br>ARCO OIL AND GAS COMPANY   | 6. If Indian, Allottee or Tribe Name                  |
| 3. Address and Telephone No.<br>P.O. BOX 1710 HOBBS, NEW MEXICO 88240 (505) 391-1602  | 7. If Unit or CA, Agreement Designation<br>8910138010 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>1980' FNL & 1980' FEL UNIT LETTER G<br>SEC. 9, T18S, R27E | 8. Well Name and No.<br>EMPIRE ABO UNIT N-701         |
|   | 9. API Well No.<br>30-015-00846                       |
|   | 10. Field and Pool, or exploratory Area<br>EMPIRE ABO |
|   | 11. County or Parish, State<br>EDDY CO NM             |

| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |   |  |
|--|---|--|
| TYPE OF SUBMISSION   | TYPE OF ACTION  |  |
| <input type="checkbox"/> Notice of Intent  | <input type="checkbox"/> Abandonment                          | <input type="checkbox"/> Change of Plans         |
| <input checked="" type="checkbox"/> Subsequent Report                            | <input type="checkbox"/> Recompletion                         | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice                                | <input type="checkbox"/> Plugging Back                        | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Casing Repair                        | <input type="checkbox"/> Water Shut-Off          |
|  | <input type="checkbox"/> Altering Casing                      | <input type="checkbox"/> Conversion to Injection |
|  | <input checked="" type="checkbox"/> Other TEMPORARILY ABANDON | <input type="checkbox"/> Dispose Water           |

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.)\*

PERFS: 5496' TO 5622' CIBP @ 5450'  
HOLD WELLBORE FOR FIELD BLOWDOWN CHART ATTACHED  
03/31/92 CSG MIT WITNESSED BY GARY WILLAMS FOR NMOCD  
MIT EVERY FIVE YEARS IN ACCORDANCE WITH NMOCD RULE 203

TA APPROVED FOR 12 MONTH PERIOD  
ENDING 3/31/95

RECEIVED  
MAR 25 11 29 AM '94  
CARTER AREA

|   |                                     |                     |  |
|---|-------------------------------------|---------------------|--|
| 14. I hereby certify that the foregoing is true and correct |                                     |                     |  |
| Signed <u>Bob M. Manthei</u>                                | Title <u>Operations Coordinator</u> | Date <u>3/10/94</u> |  |
| (This space for Federal or State office use)                |                                     |                     |  |
| Approved by <u>(ORIG. SGD.) JOE G. LARA</u>                 | Title <u>PETROLEUM ENGINEER</u>     | Date <u>4/19/94</u> |  |
| Conditions of approval, if any:                             |                                     |                     |  |

