

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPE  
(Other Instructions  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

C/SF

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 proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER SWDW

2. NAME OF OPERATOR  
ARCO Oil and Gas Company - Div. of Atlantic Richfield Company

3. ADDRESS OF OPERATOR  
P. O. 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 BY  
SEP 22 1986  
O. C. D.  
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO

NM-025604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Empire Abo Unit "O"

9. WELL NO.

10

10. FIELD AND POOL OR WILDCAT

Lower Yeso

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR ARMA

10-18S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

14. PERMIT NO

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

3463' RDB

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

STOP WELL SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRAC TREATMENT

MULTIPLE COMPLETION

FRAC TREATMENT

ALTERING CASING

ABANDONMENT

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

CHANGE PLANS

(Other)

Shut In

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

17. OTHER OPERATIONS (Clearly state all pertinent details and give pertinent dates, including estimated date of starting any  
If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-

Closed tubing valve and shut well in effective 8/26/86 pending evaluation.  
Final Report.

APPROVED FOR 12 MONTH PERIOD

ENDING 9-05-87

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

SIGNED

J. W. Dwy

TITLE Area Prod Supt.

DATE 9/05/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 9-9-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side