

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NW OIL WELL PERMIT
SUBMIT IN TRIPLI
(Other instructions on
reverse side)
ARTESIA, NM 89010

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

ckf

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 BY AUG 25 1986 O. C. D. ARTESIA, OFFICE
2. NAME OF OPERATOR ARCO Oil and Gas Co. - A division of Atlantic Richfield Co.	
3. ADDRESS OF OPERATOR P.O. Box 1610, Midland, Texas 79702	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter H, 1616' FNL and 330' FEL of Sec. 10	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GL, etc.) GR 3528'

5. LEASE DESIGNATION AND SERIAL NO. LC 065478 (b)	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME Empire Abo Unit "N"	
8. FARM OR LEASE NAME	
9. WELL NO. 12	
10. FIELD AND POOL, OR WILDCAT Empire (Abo)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, 18S, 27E	
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 <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 WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

*See attached procedure and wellbore schematic.

*Propose to repair 8-5/8" surface casing and cement the 8-5/8" x 4-1/2" annulus to surface.

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

SIGNED Grant Day TITLE Drilling Engineer DATE 8-8-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8-21-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side