

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on Re-
v. 1-80 CONS. COM.)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC 065478-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NIN-025604

7. UNIT AGREEMENT NAME
Empire Abo Unit

8. FARM OR LEASE NAME

Empire Abo Unit "M"

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Empire Abo

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

10-18S-27E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

FEB 22 '88

2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of
Atlantic Richfield Co.

O. C. D.

3. ADDRESS OF OPERATOR ARTESIA, OFFICE

P.O. Box 1710, Hobbs, N M 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FWL & 660' FNL, (Unit Letter C)

14. PERMIT NO.

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

3643' GR

3529 R.D.B.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Return to Production

(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.)*

Well was returned to production effective 2/09/88 on test, flowed 36 BO, 0 BW,
1.1 MMCFD.

Final Report.

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

SIGNED

TITLE Services Supv.

DATE 2/11/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side