

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CO. RESERVATION DIV  
811 S. 1ST ST.  
ARTESIA, NM 88210-2834  
FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM025604
2. Name of Operator ARCO Permian	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1710 Hobbs, N.M. 88240 505-391-1649	7. If Unit or CA, Agreement Designation 8910138010
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 660' FWL, Unit Letter "L" Sec. 10, T18S, R27E	8. Well Name and No. Empire Abo Unit O #9
	9. API Well No. 30-015-00861
	10. Field and Pool, or exploratory Area Empire Abo
	11. County or Parish, State Eddy NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

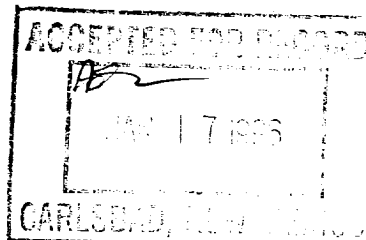
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> 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 REPERF & ACIDIZE	<input type="checkbox"/> Dispose Water

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

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.)\*

TD: 6032' PBD: 5840' PERFS: 5795-5840'

11/02/95: Perf Abo interval 5805-5840'. Acidize Abo perfs w/1500 gals acid, 1000 gals condensate using 100 ball sealers.



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

Signed

*John H. Nusselt*

Title

Administrative Assistant

Date

11/27/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: