

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instruct on re-
verse side)

Expires August 31, 1985

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"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;">RECEIVED BY AUG 3 - 1987 O. C. D. ARTESIA, OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. c13	
2. NAME OF OPERATOR ARCO Oil and Gas Company ✓			LC 067858	
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 660 FNL & 660 FWL (Unit Letter D)			7. UNIT AGREEMENT NAME	
14. PERMIT NO. 30-015-00866		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3547 GR		8. FARM OR LEASE NAME Empire Abo Unit "M"
				9. WELL NO. 13
				10. FIELD AND POOL, OR WILDCAT Empire Abo
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-18S-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 COMPLETION <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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Recomplete same zone ☒ (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.)

Propose to:

1. POH w/CA
2. WL set CIBP at 6050
3. Press test csg to 500#
4. Flow surface csg to test tank over night
5. Run Temp survey and free pipe log
6. Set RBP & perf 5-1/2 csg
7. Set CR & circ cmt to surf thru perms. Drill out sqz & press test.
8. Perf Empire Abo f/6017-6025
9. Acidize w/1000 gals
10. Swab test
11. Install production equip

RECEIVED
JUL 23 10 55 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED <u>Ken W. Gosnell</u>	TITLE <u>Engr. Tech. Spec.</u>	DATE <u>7-22-87</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>7-29-87</u>
CONDITIONS OF APPROVAL, IF ANY: <u></u>		

*See Instructions on Reverse Side