

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLO
(Other instructions
reverse side)

Artesia, NM 88210

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

c15F

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 checked="" type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC 067858
2. NAME OF OPERATOR ARCO Oil and Gas Co - A division of Atlantic Richfield Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1610, Midland, Texas 79702	7. UNIT AGREEMENT NAME Empire Abo Unit "M"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	8. FARM OR LEASE NAME
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3603'	9. WELL NO. 16
10. FIELD AND POOL, OR WILDCAT Empire (Abo)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, 18-S, 27-E
12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED BY
AUG 13 1986
O. C. D.
ARTESIA, OFFICE

Unit letter A, 330' FNL and 653' FEL of Sec. 11

18. 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(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 eliminate the source of pressure on the 8-5/8" x 4-1/2" annulus.

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 8-13-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side