

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN PRE-ICATE*
(Other instruct
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 025602

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 3 - 1987 O. C. D. AREA, OFFICE	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ARCO Oil and Gas Company		8. FARM OR LEASE NAME Empire Abo Unit "Q"
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702		9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330 FNL & 330 FWL (Unit Letter D)		10. FIELD AND POOL, OR WILDCAT Empire Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-18S-27E
14. PERMIT NO. 30-015-00898	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3447 RKB	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Recomplete same zone X		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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.*

Propose to:

1. POH w/tbg
2. Clean out hole w/csg scraper to 6030
3. Swab test current perfs
4. Set CIBP at 5900
5. Press test to 500#
6. Inspect & repair (if needed) leak in csg below wellhead
7. Perf Empire Abo 5838-5870
8. Acidize w/2000 gals
9. Swab test
10. Install production equip.

RECEIVED
JUL 23 10 56 AM '87
CARLETON RESOURCE
AREA HEADQUARTERS

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

915-688-5672

SIGNED Ken W. Gosnell

TITLE Engr. Tech. Spec.

DATE 7-22-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 7-31-87

*See Instructions on Reverse Side