

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

2158

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"/>  |  | 7. UNIT AGREEMENT NAME   |  |
| 2. NAME OF OPERATOR<br>ARCO OIL AND GAS COMPANY   |  | 8. FARM OR LEASE NAME<br>EMPIRE ABO UNIT "R"                   |  |
| 3. ADDRESS OF OPERATOR<br>BOX 1710, HOBBS, NEW MEXICO 88240   |  | 9. WELL NO.<br>3   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>1980' FNL and 1980' FEL (Unit Letter G) |  | 10. FIELD AND POOL, OR WILDCAT<br>EMPIRE ABO                   |  |
| 14. PERMIT NO.  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>17-18S-27E |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3436' DF  |  | 12. COUNTY OR PARISH<br>EDDY                                   |  |
|   |  | 13. STATE<br>NM  |  |

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ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) CASING INTEGRITY TEST

(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.)\*

On 5/25/76 a CIBP was set at 5000'

Procedure:

1. Notify BLM and NMOC 24 hrs prior to testing casing.
2. The casing will be filled with fluid and pressure tested to 500 psi for 15 minutes with a 10% allowable for leak-off (I.E. 450 psi).
3. Submit a subsequent report on Sundry Notice w/chart attached.

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

SIGNED

TITLE Services Supervisor

DATE 10/27/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 11-13-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side