

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

ARCO OIL AND GAS COMPANY

3. Address and Telephone No.

P.O. BOX 1710 HOBBS, NEW MEXICO 88240

(505) 391-1602

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1618' FNL & 330' FWL UNIT LETTER E  
SEC.11, T18S, R27E

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

LC 067858

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910138010

8. Well Name and No.

EMPIRE ABO UNIT N-13

9. API Well No.

30-015-20665

10. Field and Pool, or exploratory Area

EMPIRE ABO

11. County or Parish, State

EDDY CO

NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other TEMPORARILY ABANDON
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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: 6105' PBD; 6075'  
PERFS: 5990' TO 6032' PKR @ 5964'  
HOLD FOR FIELD BLOWDOWN CHART ATTACHED  
03/08/94 CSG MIT FOR NMOCD  
MIT EVERY FIVE YEARS IN ACCORDANCE WITH NMOCD RULE 203

TA APPROVED FOR 12 MONTH PERIOD  
ENDING 3/8/95

RECEIVED  
MAR 20 11:03 AM '94

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

Signed

Bob T. [Signature]

Title

OPERATIONS COORDINATOR

Date

3/24/94

(This space for Federal or State office use)

Approved by

(OPIC SCD) JOE G. LARA

Title

PETROLEUM ENGINEER

Date

4/15/94

Conditions of approval, if any:

