

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

11010 1992

O. C. D.  
OFFICE OF THE CHIEF OF DEFENSE

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation 8910138010
2. Name of Operator ARCO Oil and Gas Company ✓	8. Well Name and No. Empire Abo Unit "J" 202
3. Address and Telephone No. P.O. Box 1710 - Hobbs, New Mexico 88241-1710	9. API Well No. 30-015-21783
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (Unit Letter H) 2490' FNL & 1299' FEL, Section 1, T18S, R28E	10. Field and Pool, or Exploratory Area Empire Abo
	11. County or Parish, State Eddy County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other <u>Add New Perfs to</u>	<input type="checkbox"/> Dispose Water
	<u>Abo Zone</u>	(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 6296', PBD 6270', Perfs 6250-6260' & 6176-6206'

11/17/92 - RIH with 4" casing gun and perf Abo from 6176' to 6206' with 2 JSPF.

11/18/92 - RIH with completion assembly. SN 6116.71.

11/24/92 - In 24 hours pumped 30 BO, 11 BW, 88 MCF.

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

Signed [Signature] Title Operations Coordinator Date 12/08/92  
(This space for Federal or State office use)  
Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_