

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM CONS. COMMISSION
Drawer DD
Artesia, NM 88210
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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other GAS INJECTION WELL	5. Lease Designation and Serial No. NM 0557371
2. Name of Operator ARCO OIL AND GAS CO.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. 1710 HOBBS N.M. 88240 391-1621	7. If Unit or CA. Agreement Designation 8910138010
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (UNIT LETTER H) 2490 FNL & 1299 FEL , SEC 1, T18S, R28E	8. Well Name and No. EMPIRE ABO UNIT "J" 202
	9. API Well No. 30-015-21783
	10. Field and Pool, or Exploratory Area EMPIRE ABO
	11. County or Parish, State EDDY , N.M.

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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 6296, PBD 6270, PERFS 6176-6260

NOTIFY BLM & NMCD PRIOR TO STARTING WORK

SET PKR @ 6140, LOAD CSG W/TREATED FLUID, TEST CSG TO 500# FOR 30 MIN,
AND START INJECTION.

Subject to
Like Approval
by State

OFFICE
AREA

SEP 20 9 24 AM '93

RECEIVED

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

Signed [Signature]
(This space for Federal or State office use)

Title **OPERATION COORDINATOR**

Date **9-16-93**

Approved by **(ORIG SGD) JOE G. LARA**
Conditions of approval, if any:

Title **PETROLEUM ENGINEER**

Date **10/13/93**