

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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	2. Name of Operator ARCO Oil and Gas Company	3. Address and Telephone No. P.O. Box 1710, Hobbs, NM 88240 (505) 391-1621	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit letter H, 2490' FNL & 1299' FEL, Sec 1, T18S, R28E 37	5. Lease Designation and Serial No. NM 0557371	6. If Indian, Allottee or Tribe Name	7. If Unit or CA, Agreement Designation 8910138010	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, NM
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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 checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<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.)*

11/16/93: MIRU, TD 6296', PBD 6270'. POH w/PR and CA.
11/17/93: RIH w/pkr & tbg, set @ 6118'.
11/18/93: Set pkr w/12,000# compression.
11/19/93: Press up csg up to 550#, held for 30:. Pressure test chart attached.

Post ID-3
1-4-94
conv from
prod to Inj

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

Signed Kevin H. Murrell/Kdon Title Operations Coordinator Date 12/30/93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

