

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

I ver DD

Artesia, NM

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

BLM
CLSF

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, NM 88240 (505)391-1649

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

Unit letter J, 1526' FSL & 1470' FEL
Section 1, T18S, R27E

5. Lease Designation and Serial No.

NM-016788

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Empire Abo Unit "K" 191

9. API Well No.

30-015-21873

10. Field and Pool, or Exploratory Area

Empire Abo

11. County or Parish, State

Eddy, 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

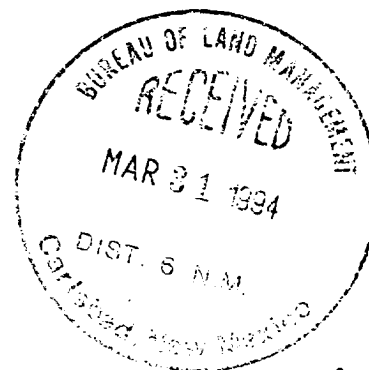
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Add perfs
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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 6350' PERFS: 5984-6172'
PBD 6798'

03/11/94: Perf abo 5984-6172'. Acidized w/4000 gals 15% 60/40 xylene acid



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

Signed Kenneth D. Murrell

Title Records Clerk II

Date 03/29/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____