

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		APR 16 1992		8. FARM OR LEASE NAME	
ARCO OIL AND GAS COMPANY		O. C. D. REGISTRATION OFFICE		EMPIRE ABO UNIT "M"	
3. ADDRESS OF OPERATOR				9. WELL NO.	
BOX 1710, HOBBS, NEW MEXICO 88240				901	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				10. FIELD AND POOL, OR WILDCAT	
1300 FNL - 1220 FWL (UNIT LETTER D)				EMPIRE ABO	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA	
30-015-22097		3507.7' GR		SEC. 19, T18S, R27E	
				12. COUNTY OR PARISH	
				EDDY	
				13. STATE	
				NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRAC TURE TREAT	<input type="checkbox"/>	FRAC TURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR A B O	<input type="checkbox"/>	(Other) TEMPORARILY ABANDON	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE THE WORK OR COMPLETION 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.*

HOLD WELL BORE FOR FIELD BLOW DOWN

PERFS: SQUEEZED ; RBP @ 5915'

3/31/92 CSG INTEGRITY TEST, LOAD WELL BORE w/8.6# BRINE w/WT-675 CHEMICAL, PRESSURE UP TO 500#, AND HOLD 30 MINS. TEST WITNESSED AND CHARTS INITIALED BY GARY WILLIAMS (NMOCD).

IN ORDER TO MINIMIZE PAPER WORK AND CONFUSION, WE REQUEST A 5 YEAR PERMIT TO COINCIDE WITH THE NMOCD RULE 203 AND ITS 5 YEAR TA PERIOD.

CHART ATTACHED.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/30/93

18. I hereby certify that the foregoing is true and correct		
SIGNED	TITLE Operations Coordinator	DATE 4/9/92
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE 4-15-92
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

