

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 *Injection*

2. Name of Operator  
ARCO Permian

3. Address and Telephone No.  
P.O. Box 1710 Hobbs, N.M. 88240 505-391-1649

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1300 FNL, 1220 FWL, E, SEC. 10, T18S, R27E

NM OIL CON  
Drawer DD  
Artesia, NM 88210  
BUDGET APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
NM025604

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
8910138010

8. Well Name and No.  
EMPIRE ABO UNIT M-901

9. API Well No.  
30-015-22097

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

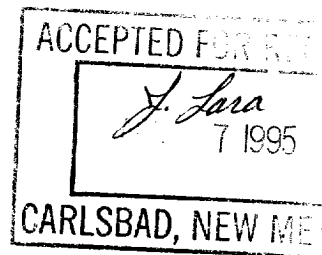
TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other **CASING MIT**
- ☐ 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.)\*

CONDUCTED CASING MECHANICAL INTEGRITY TEST ON MARCH 8, 1995. CHART ATTACHED. TEST WITNESSED BY VICKI HERNANDEZ WITH ARCO PERMIAN AND GARY WILLIAMS, NMCD.



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

Signed *Kenneth D. Munnish*

Title Administrative Assistant

Date 03/15/95

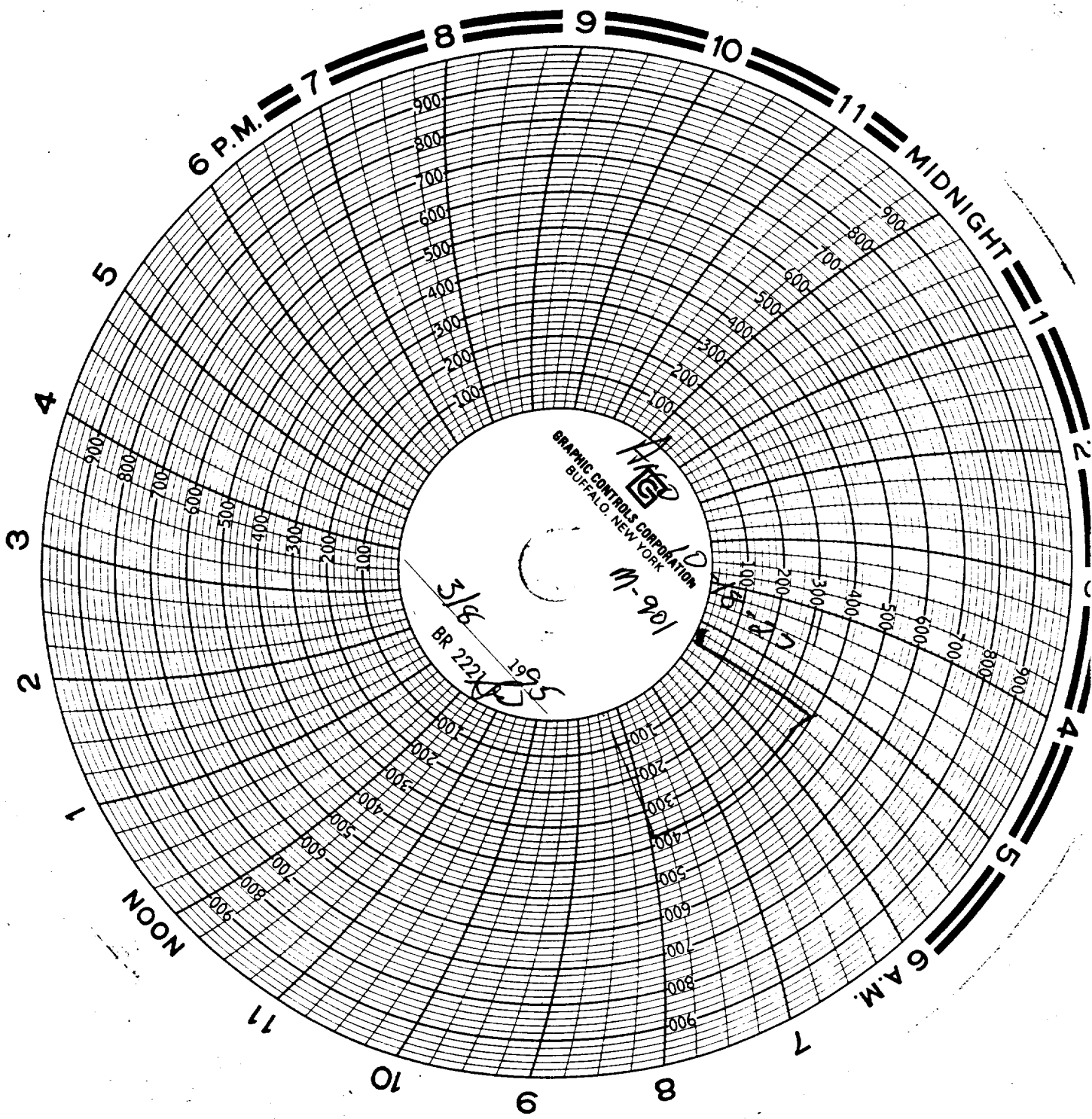
(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

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BR 2221  
1995