

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

FEB 15 1993

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

**SUNDRY NOTICES AND REPORTS ON WELLS** *O. C. D.*

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 & GAS COMPANY ✓

3. Address and Telephone No.

P. O. BOX 1710 HOBBS, NEW MEXICO 88240

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

UNIT LETTER B (NW NE) SEC 11, T18S, R27E,  
400 FNL & 1450 FEL

5. Lease Designation and Serial No.

LC 067858

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910138010

8. Well Name and No.

EMPIRE ABO UNIT "M" 151

9. API Well No.

30-015-22568

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 TEMPORARILY ABANDONED

- ☐ 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.)\*

HOLD FOR FIELD BLOW DOWN

TD6310, PBD 6231, PERFS 6150-6165, CIBP 6121.64

01/22/93 SET CIBP @ 6121.64, CIRCULATE W/8.6# BRINE & CHEMICAL,  
PRESSURE TEST CSG TO 500# FOR 30 MINUTES.

WELL TA 01/22/93 WITNESSED BY JOHNNIE ROBINSON - NMOCD

CHART ATTACHED.

APPROVED FOR 12 MONTH PERIOD  
ENDING 01-22-94

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

Signed David R. Glass

Title SERVICE COORDINATOR

Date 02/01/93

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date 2-10-93

Conditions of approval, if any:

