

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
ARCO Permian

3. Address and Telephone No.

P.O. Box 1089, Eunice, NM 88231

505-394-1649

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

B, 400' FNL & 1450' FEL
Sec. 11, T18S, R27E

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

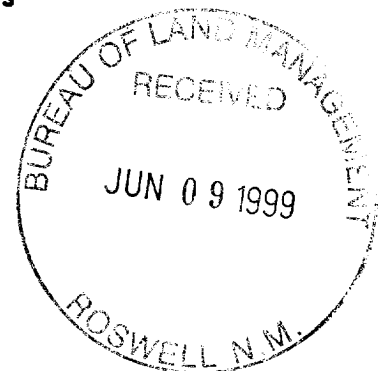
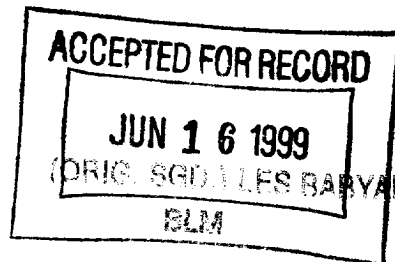
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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: 6310' PBD: 6231' CIBP: 6050' PERFS: 6084-6100

06/23/98: CIBP leaking at 6122'. Set CIBP @ 6050'. Test good. Perfs upper abo 6084-6100'. 2 jspf, 4" csg guns, 32 holes. Acidize w/1000 gals 15% NEFE acid. Unsuccessful Workover. Press up to 500#, held OK. Chart Attached. Well still TA'd.



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

Signed

[Signature]

Title

Administrative Assistant

Date

06/07/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

