

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

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88810
FOR APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM016788

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
8910138010

8. Well Name and No.
EMPIRE ABO UNIT K-194

9. API Well No.
30-015-22658

10. Field and Pool, or exploratory Area
EMPIRE ABO

11. County or Parish, State
EDDY NM

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 1710 Hobbs, N.M. 88240 505-391-1649

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1500' FSL & 2310' FEL, UNIT LETTER J
SEC. 1, T18S, R27E**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other ADD PERFS
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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: 6325' PBD: 6178' PERFS: 6007-6160'
03/27/95: PERF ABO INTERVAL 6118-20, 6100-02, 6076-80, 6089-96', 6066-70', 6050-54', 6026-34', 6038-46', 6007-20' W/2 JSPF, 113 HOLES TOTAL, W/4" CASING GUN. ACIDIZE ABO PERFS 6007-6160' W/2500 GALS 15% NEFE ACID RUNNING 180 BALLS EALERS. SMALL AMOUNT OF BALL ACTION, MAX PRESS 1100#, AVG PRESS 500#, FINAL PRESS 330#, ISIP VAC. AIR 3.7 BPM.

RECEIVED
APR 26 1995
OIL CON. DIV.
DIST. 2

[Signature]
APR 24 1995

RECEIVED
APR 11 24 AM '95
CART AREA
APR 7 11 24 AM '95

14. I hereby certify that the foregoing is true and correct
Signed *[Signature]* Title Administrative Assistant Date 04/06/95
(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval, if any _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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