

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau NO. 1004-0135
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"/>		7. UNIT AGREEMENT NAME EMPIRE ABO PRESSURE MAINTENANCE PROJECT	
2. NAME OF OPERATOR ARCO OIL AND GAS COMPANY		8. FARM OR LEASE NAME EMPIRE ABO UNIT	
3. ADDRESS OF OPERATOR BOX 1710, HOBBS, NEW MEXICO 88240		9. WELL NO. EMPIRE ABO UNIT "M" 132	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 625' FNL and 175' FWL (Unit Letter D)		10. FIELD AND POOL, OR WILDCAT EMPIRE ABO	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-18S-27E	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3540.6 GR		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) TEMPORARILY ABANDON	<input type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. 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.)*

IN ORDER TO HOLD WELL BORE FOR FIELD BLOW DOWN, WE REQUEST AN EXTENSION TO THE APPROVED
TA PERMIT DATED 7/14/89

RECEIVED

JUL 13 '90

C. D.
ARTESIA, OFFICE

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

SIGNED 

TITLE Administrative Supervisor

DATE 7/11/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side