

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI  
(Other instructions  
verse side)

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Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

dsf

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 DF, 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) TEMPORARILY ABANDON

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

REPAIRING WELL

ALTERING CASING\*

ABANDONMENT\*

X

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 20 '90

D.  
ARTESIA, OFFICE

RECEIVED  
JUL 13 10 15 AM '90  
CARTER  
AREA

RECEIVED

APPROVED FOR 12 MONTH PERIOD  
ENDING 6/30/91

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)

PETROLEUM ENGINEER

APPROVED BY Orig. Signed by Admin. Supervisor

TITLE

DATE 7-17-90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side