

Form 100-5
November 1983
Formerly O-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

Form approved.
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.

RECEIVED

JUL 11 1991

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

LC-067858

6. IF INDIAN, ALLEGED OR TRIBE NAME

7. UNIT AGENCY NAME
EMPIRE ABO UNIT

8. FARM OR LEASE NAME

EMPIRE ABO UNIT

9. WELL NO.

EMPIRE ABO UNIT "M" 132

10. FIELD AND POOL, OR WILDCAT

EMPIRE ABO

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

11-18S-27E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

1. NAME OF OPERATOR

ARCO OIL AND GAS COMPANY

2. ADDRESS OF OPERATOR

BOX 1710, HOBBS, NEW MEXICO 88240

3. 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)

14. PERMIT NO.

30-015-22659

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3540.6' GR

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACURE TREAT

MULTIPLE COMPLETE

SHOOTING OR ACIDIZING

ABANDON*

REPAIR

CHANGE PLUG

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) TEMPORARILY ABANDON

(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 perti-

IN ORDER TO HOLD WELL BORE FOR FIELD BLOW DOWN, WE REQUEST AN EXTENSION TO THE APPROVED
TA PERMIT THAT EXPIRED 6/30/91

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

SIGNED

TITLE Administrative Supervisor

DATE 7/3/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

APPROVED FOR 12 MONTH PERIOD(minimum)
ENDING 7/1/92

Penalty: 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.