

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

RECEIVED

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

JUN - 3 1992

2. Name of Operator

ARCO OIL AND GAS COMPANY

O. C. D.
OFFICIAL OFFICE

3. Address and Telephone No.

BOX 1710, HOBBS, NEW MEXICO 88240

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

UNIT A, 1050 FNL - 100 FEL, SEC. 10, T18S, R27E

5. Lease Designation and Serial No.

NM025604

6. If Indian, Allottee or Tribe Name

8910138010

8. Well Name and No.

EMPIRE ABO UNIT "M" 12

9. API Well No.

30-015-22812

10. Field and Pool, or Exploratory Area

EMPIRE ABO

11. County or Parish, State

EDDY COUNTY, 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 TEMPORARILY ABANDON

☐ 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.)*

HOLD WELL BORE FOR FIELD BLOW DOWN

TD 6225'; PBD 6170'; PERFS: 6050-6070'; PKR 6019'

05/14/92 LOAD CSG w/8.6# BRINE w/WT-675 CHEMICAL. PRESSURE TO 530# AND HOLD FOR 20 MINS.
CHART ATTACHED. WITNESSED BY DERROLL WOLFENBARGER-ARCO AND GARY WILLIAMS-NMOC.

APPROVED FOR 12 MONTH PERIOD

ENDING 5/14/93

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

Signed

[Signature]

Title Operations Coordinator

Date 5/21/92

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date 5/31/92

