

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator ARCO Oil and Gas Company	3. Address and Telephone No. P.O. Box 1710, Hobbs, New Mexico 88240 (505) 391-1602	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1050' FNL & 100' FEL UNIT LETTER A SEC.10, T18S, R27E
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FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
5. Lease Designation and Serial No. NM0557371 LC-065478-B
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation 8910138010
8. Well Name and No. EMPIRE ABO UNIT M-123
9. API Well No. 30-015-22812
10. Field and Pool, or exploratory Area EMPIRE ABO
11. County or Parish, State EDDY COUNTY N.M.

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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other TEMPORARILY ABANDON	<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: 6225', PBD: 6170' PERFS: 6050' TO 6070' PKR @ 6019'
HOLD WELL BORE FOR FIELD BLOWDOWN

5/14/92 CSG MIT WITNESSED BY GARY WILLIAMS FOR THE NMOCD
MIT EVERY FIVE YEARS IN ACCORDANCE WITH NMOCD RULE 203
CHART ATTACHED

TA APPROVED FOR 12 MONTH PERIOD
ENDING 3/10/95

RECEIVED
MAR 20 11 42 AM '94
GARY WILLIAMS

14. I hereby certify that the foregoing is true and correct	Signed <u>Bob J. Mantle</u>	Title <u>OPERATIONS COORDINATOR</u>	Date <u>3-10-94</u>
(This space for Federal or State office use)	Approved by <u>10000 3001 1000 1000</u>	Title <u>Petrochemical Engineer</u>	Date <u>4/19/94</u>
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.

