

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

8910138010

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LC-067858

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EMPIRE ABO UNIT "M"

9. WELL NO.

141

10. FIELD AND POOL, OR WILDCAT

EMPIRE ABO

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

SEC. 11, T18S, R27E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

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 ☒ GAS WELL ☐ OTHER ☐

RECEIVED

2. NAME OF OPERATOR

ARCO OIL AND GAS COMPANY

APR 17 1992

3. ADDRESS OF OPERATOR

BOX 1710, HOBBS, NEW MEXICO 88240

O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2280

225 FNL - 220 FWL (UNIT LETTER C)

14. PERMIT NO.

30-015-22834

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

3574.8' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR PLUG

ABANDONMENT

REPAIR WELL

CHANGE PLANT

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR PLUGGING

(Other) CONVERT TO NATURAL FLOW

(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 OPERATION. Concisely 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.

3/5/92 CONVERT WELL FROM ARTIFICIAL LIFT TO NATURAL FLOW

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

SIGNED

TITLE Operations Coordinator

DATE 4/10/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side