

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

BLM Form 1004-0115
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.)

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APR 10 1992

O. C. D.
ABILENA OFFICE

8910138010

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

EMPIRE ABO UNIT " L "

9. WELL NO.

123

10. FIELD AND POOL, OR WILDCAT

EMPIRE ABO

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

SEC. 3, T18S, R27E

12. COUNTY OR PARISH 13. STATE

EDDY

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

ARCO OIL AND GAS COMPANY

3. ADDRESS OF OPERATOR

BOX 1710, HOBBS, NEW MEXICO 88240

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

At surface

660 FSL - 250 FEL

14. PERMIT NO.

30-015-22849

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

35064' GL

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 ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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

17. DESCRIPTION OF WELL OR COMPLETION OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to work.

HOLD WELL BORE FOR FIELD BLOW DOWN & MONITOR BHP

PERFS: 5942-5952'; PKR @ 5887'

3/31/92 CSG INTEGRITY TEST, LOAD WELL BORE w/8.6# BRINE w/WT-675 CHEMICAL, PRESSURE UP TO 500#, AND HOLD 30 MINS. TEST WITNESSED AND CHARTS INITIALED BY GARY WILLIAMS (NMOCD).

IN ORDER TO MINIMIZE PAPER WORK AND CONFUSION, WE REQUEST A 5 YEAR PERMIT TO COINCIDE WITH THE NMOCD RULE 203 AND ITS 5 YEAR TA PERIOD.

CHART ATTACHED.

This Approval of Temporary
Abandonment Expires

4/01/97 G.W.
NMOCD

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

SIGNED

TITLE Operations Coordinator

DATE 4/9/92

(This space for Federal or State office use)

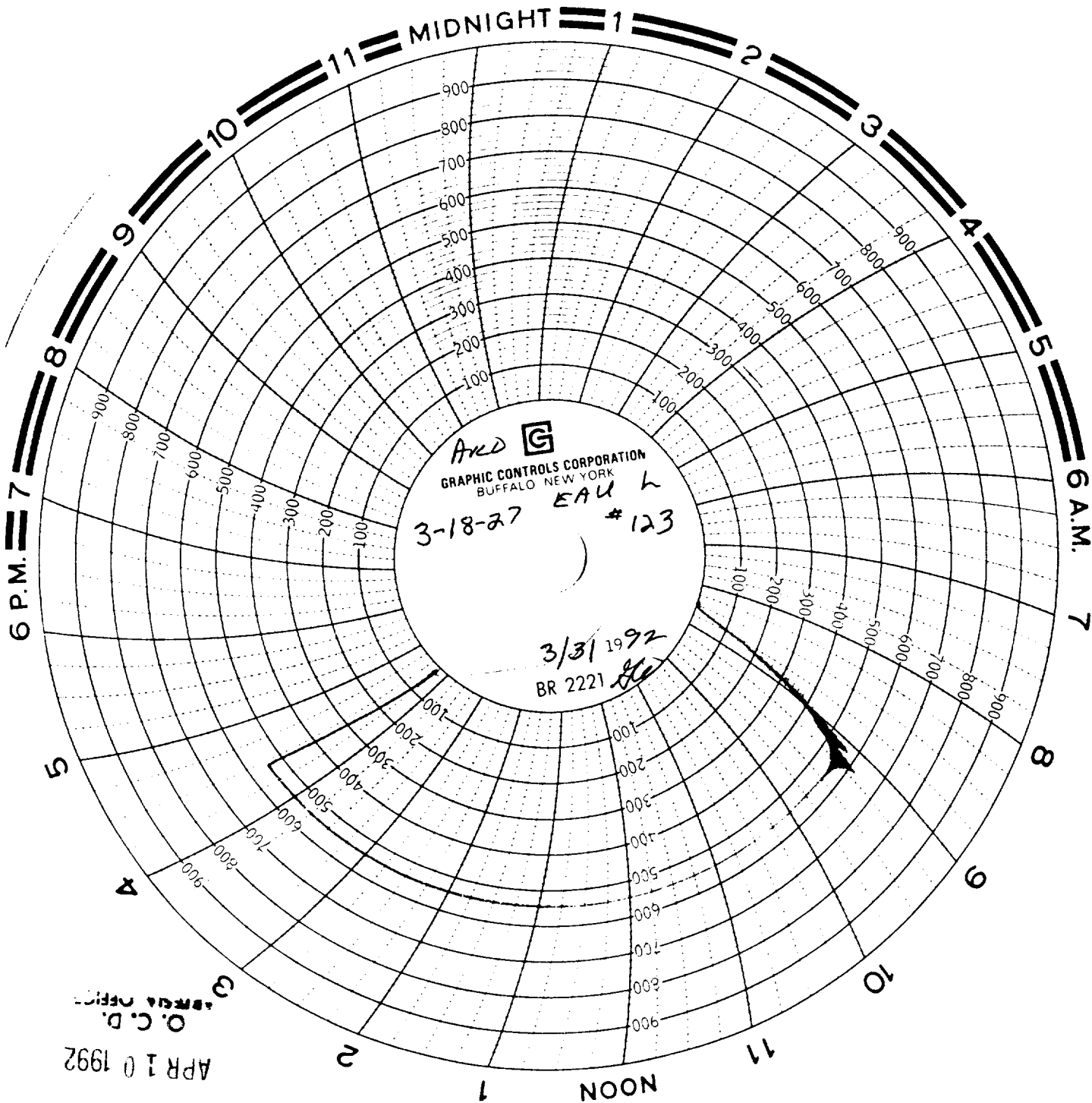
APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



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O.C.D.
AREA OFFICE