

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

ARCO Permian

3. Address and Telephone No.

P.O. Box 1710 Hobbs, N.M. 88240

505-391-1649

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

660' FSL & 250' FEL UNIT LETTER P  
SEC. 3, T18S, R27E

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210

Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-025604

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910138010

8. Well Name and No.

EMPIRE ABO UNIT L-123

9. API Well No.

30-015-22849

10. Field and Pool, or exploratory Area

EMPIRE ABO

11. County or Parish, State

EDDY

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 ADD PERFS  
☐ 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.)\*

TD: 6100' PBD: 5965' PERFS: 5810-5952'

03/31/95: PERF ABO INTERVAL 5810-70', 5880-86', 5892-94', 5900-04', 5920

04/03/95: ACIDIZE ABO PERFS 5810-5952 W/3000 GALS 15% NEFE RUNNING 180 BALL SEALERS.

04/10/95: 24 HOUR TEST 17 BO, 79 BW, 620 MCFD

RECEIVED

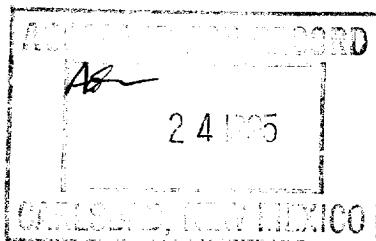
APR 27 1995

OIL CON. DIV.  
DIST. 2

CARTER  
AREA H.  
FORS

APR 13 10 57 AM '95

RECEIVED



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

Signed

*Heidi A. Marshall*

Title

Administrative Assistant

Date

04/12/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any