Form 3160-5

## **UNITED STATES**

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I.M. Oil Cons. Di	vision CISI
A.W. Oli Sana. Bi	FORM APPROVED
311 S. ∜st <sup>3</sup> et	Budget Bureau No. 1004-0135
11 5. NM 210-	OOA Expires: March 31, 1993
1210H	ZQUT Designation and Social Ma

Form 3160-5		ED STATES T OF THE INTERIOR	811 S. 1st 3	et	Budget Bureau No. 1004-0135	
June 1990)	= =	AND MANAGEMENT	Artesia, NM	ે?¹0- <del>2</del> 8ુ	Expires: March 31, 1993 Lease Designation and Serial No.	
	OURIDRY MOTIONS AND	D REPORTS ON WELLS		LC	-028805-В	
Do not use th	is form for proposals to drill of the "APPLICATION FOR	or to deepen or reentry to	o a different reserv	oir.	If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE 223242526					7. If Unit or CA, Agreement Designation 8910138010	
1. Type of Well    X Oil   Gas   Other				8. Em	8. Well Name and No. Empire Abo Unit "J" 9	
ARCO Permi		(C)	CD CENTO	<u> </u>	API Well No.	
3. Address and Telephone No. P.O. Box 1089, Eunice, NM 88231 505-394-1649				' /	30-015-00750  10. Field and Pool, or exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  E, 2310' FNL & 990' FWL  Sec. 3-195-27F				111/	Empire Abo	
Sec. 3-18S	-27E		02.661		1. County or Parish, State  NN	
	CK APPROPRIATE BOX(s	) TO INDICATE NATUL	BE OF NOTICE. BE			
	OF SUBMISSION	) TO MEDIOTIE TUTTO	TYPE OF			
	Notice of Intent	Abandon		[	Change of Plans	
_	Hodes of Intent	Recompl		Ī	New Construction	
X Subsequent Report		Plugging	g Back	Ļ	Non-Routine Fracturing	
Пъ и		Casing F	-	Į.	Water Shut-Off	
	Final Abandonment Notice	Altering Other	Casing Add Perf.	. [	Conversion to Injection Dispose Water	
		Cuaer _			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
TD: 5665'  10/27/97: 10/28/97: 10/30/97: 10/31/97: 11/03/97:	rface locations and measured and true vert	cal depths for all markers and zones 190-5460° csg guns, 2 JSPF, 50 1510° w/1000 gals 15% 10#, AIR 2.7 BPM, ISIP 11/16 strip gun, 2 JS 10 gals 15% NEFE acid 100#, AIR 2 BPM, ISIP	holes. NEFE acid. Max Yvac. SPF, 140 holes. w/500 sCF N2/bbl 1100#, 20 mins 5	press 3600 . Max pre		
14. I hereby certify	that the foregoing of true and correct	Administr	rative Assistant		Date 05/17/99	
(This space for	Federal or State office use)					
Approved by _	pproval, if any:	Title			— Date	
COMMINIONS OF S	hhraims to mist.					

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.