

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

097 14 1992

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

5. Lease Designation and Serial No.
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 "I" 10

9. API Well No.
30-015-22912

10. Field and Pool, or Exploratory Area
EMPIRE ABO

11. County or Parish, State
EDDY, N.M.

SUNDRY NOTICES AND REPORTS ON WELLS O. C. D.

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 GAS INJECTION WELL

2. Name of Operator
ARCO OIL AND GAS COMPANY

3. Address and Telephone No.
P. O. BOX 1710 HOBBS, NEW MEXICO 88240

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit C, 2308.68 FWL & 957 FNL, Sec 3, T18S, R27E

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other MIT TEXT
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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 5711 P B D 5676 PERFS 5456-5546 PKR 5398

09/24/92 PRESSURE CSG 500#'s AND HOLD FOR 15 MINUTES,
NO LOSS

WITNESSED BY JOHNNY ROBINSON, N.M.O.C.D.

CHART ATTACHED

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

Signed [Signature]

Title Operations Coordinator

Date 10/02/92

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any:

