

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLI
(O.C.D. instructions
reverse side)
DD
Artesia, NM 88210

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

c1st

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-29268
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2260' FNL & 400' FEL (Unit letter H)		8. FARM OR LEASE NAME Empire Abo Unit "N"
14. PERMIT NO.		9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT Empire Abo
15. ELEVATIONS (Show whether DF, RT, or SA) 3522' RDB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8-18S-27E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

RECEIVED BY
OCT 20 1986
O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Continue TA Status</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. 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.) *

Approval is requested to hold well for use as a pressure observation well for pressure surveys and to hold for future use in the eventual blow down of the Empire Abo reservoir.

**APPROVED FOR 12 MONTH PERIOD
ENDING 10-16-87**

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

SIGNED J W King TITLE Area Prod Supt. DATE 10/10/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-16-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side