

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other instr. on re-
verse side)

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

0151

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or deepen or plug back to a different reservoir. Use Form
USE "APPLICATION FOR PERMIT-- for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> other		5. LEASE DESIGNATION AND SERIAL NO. NM-29268	
2. NAME OF OPERATOR ARCO Oil and Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location 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. 30-015-00823		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RF, GR, ect.) 3522 RKB		10. FIELD AND POOL, OR WILDCAT Empire Abo	
		11. SEC., T.R., M., OR BLK. AND SURVEY OR AREA §-18S-27E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

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) _____	(Other) _____
(Other) <u>Recomplete Abo</u>	<input checked="" 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.)*

Propose to:

1. Swab test existing Abo perms 5260-5418.
2. Log & perf additional Abo perms
3. Stimulat new perms & evaluate
4. RIH w/ CA.

RECEIVED

18. I hereby certify that the foregoing is true and correct
SIGNED Ken W. Gosnell TITLE Engr. Tech. Spec. DATE 1-29-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-5-90
CONDITIONS FOR APPROVAL, IF ANY:

* See Instructions on Reverse Side

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.