

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUNDARY NOTICES AND REPORTS ON WELLS  
COMMISSION

SUBMIT IN TRIPlicate  
(Other instruct  
verse side)

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

qsf

**SUNDARY 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. LC 029548 (a)	
2. NAME OF OPERATOR ARCO Oil & 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 clearly and in accordance with any State requirements. See also space 17 below.) At surface  2200 FNL & 440 FWL (Unit E)		8. FARM OR LEASE NAME C.A. Russell	
14. PERMIT NO. API#30-015-05218		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson QGSA	
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA 18-17S-31E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

RECEIVED BY  
FEB 10 1986  
O. C. D.  
ARTS DIVISION

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>Recomplete in Seven Rivers</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.)\*

MIRU 12-30-85. POH w/rods & tbg. Ran GR-CNL-CCL f/2450-500. Perf seven rivers w/1 JSPF @ 1937, 42, 47, 52, 61, 62, 63, 64, 74, 75, 76, 79 (12 holes). Acddz w/1500 gal 15% NEFEA.  
1-3-86: Swab test 3 days (+3.5 BMO, -13 BLW)  
1-6-86: Set RBP @ 1928. Perf Seven Rivers w/1 JSPF @ 1820, 21, 45, 53, 54, 59, 60, 62, 64, 66, 80, 93, 1900, 14, 17, 20 (16 holes). Acddz w/2000 gals 15% NEFE. Swab test one day. Run tbg rod & pump. Return to production.  
1-13-86: In 24 hrs pmpd 6 BO, 17 BW, 8 MCFG.  
1-14-86: In 24 hrs pmpd 3 BO, 17 BW, 6 MCFG.  
1-15-86: In 24 hrs pmpd 3 BO, 17 BW, 6 MCFG.

WELL INFO FOR RECORD

*SWQ*  
FEB 7 1986

CARLSBAD, NEW MEXICO

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

SIGNED <u>Ken W. Gosnell</u>	TITLE <u>915-684-0312</u> <u>Engr. Tech. Spec.</u>	DATE <u>2-4-86</u>
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(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side