

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0133
Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC 031844 ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME ✓
FREN OIL COMPANY

9. WELL NO.
17 ✓

10. FIELD AND POOL, OR WILDCAT
CEDAR LAKE ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
19-17S-31E ✓

12. COUNTY OR PARISH
EDDY

13. STATE
NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
ARCO OIL AND GAS COMPANY

3. ADDRESS OF OPERATOR
BOX 1710, HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
900' FSL & 1980' FEL
(SJS)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3590 GR

RECEIVED

MAR 29 '89

ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) FLOW DOWN & EVALUATE

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

THE ABOVE WELL WAS TA JANUARY, 1971. WE THINK THE BRIDGE PLUG HAS FAILED AND INTEND TO REPLACE THE FLOW LINE, BLOW WELL DOWN, AND EVALUATE FOR RETURN TO PRODUCTION OR TEMPORARILY ABANDON.



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

SIGNED

TITLE Services Supervisor

DATE March 20, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side