

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL & GAS CONSERVATION
Prior (Other instructions reverse side)
Artesia, NM 88210

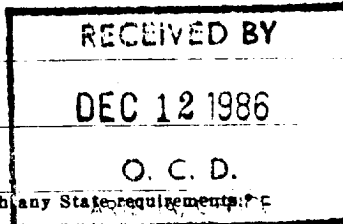
Budget Bureau No. 1004-1
Expires August 31, 1985

435P

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR ARCO Oil and Gas Company
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980 FNL & 1980 FWL (Unit F)



5. LEASE DESIGNATION AND SERIAL NO. LC 029395 B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Turner "B"
9. WELL NO. 16
10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-17S-31E
12. COUNTY OR PARISH Eddy
13. STATE NM

14. PERMIT NO. 30-015-05288
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3713 GR

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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.) *

7-2-86 RU PU. P&A'd as follows:

Plug	Cmt	Interval	
1	115sx	1465-1850	Spot on top CIBP @ 1850. WOC. Tag TOC @ 1465.
2	195sx	530-1450	Perf @ 1300. Could not pump into. Spot f/1450-530.
3	250sx	0- 530	Perf @ 530. Pumped 200sx cmt down 7" csg followed by 5 bbls water. Circ cmt to surface. Spot 50sx f/210-0.

Well P&A'd 7-3-86

18. I hereby certify that the foregoing is true and correct
SIGNED Ken W. Gosnell 915-688-5672
TITLE Engr. Tech. Spec. DATE 9-3-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12-9-86
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

Post ID-2
9-19-86
P&A