

DEPARTMENT OF THE INTERIOR

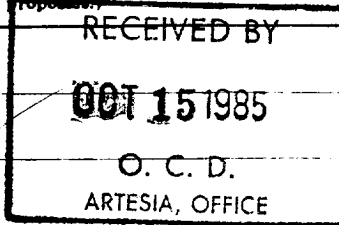
BUREAU OF LAND MANAGEMENT

NM (Other than Construction) Form 1000-1
Drawer DD
Artesia, NM 88000

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
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
P. O. 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
330' FSL & 1980' FWL (Unit letter N)



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.
65
10. FIELD AND POOL, OR WILDCAT
Cedar Lake Abo
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec 20-17S-31E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.

14. PERMIT NO.

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

3676' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Press Test Downhole Equipment

(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.) *

RU 9/28/85. Pressure tested casing w/corrosion inhibited water to 500# for 15 minutes. Held 500# for 15 mins OK. SI w/1 jt 2-3/8" EUE tbg & 2" ball valve at surface. Left well Temporarily Abandoned.

ACCEPTED FOR RECORD

LWD
OCT 11 1985

CAPISBAD, NEW MEXICO

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

SIGNED

TITLE Area Prod Supt.

DATE 10/4/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side