

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> WELL WELL		5. LEASE DESIGNATION AND SERIAL NO. SF-079456
2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR Suite 501, 1860 Lincoln Street, Denver, Colo. 80295		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 790' FSL & 1850' FEL Section 20 (SW SE) (Unit O)		8. FARM OR LEASE NAME Chacon Hill
14. PERMIT NO. API #30-039-22007		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6941' GR (Ungraded)		10. FIELD AND POOL, OR WILDCAT Chacon-Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-24N-3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) N.O. Cementing Prod.Csg. <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.)*

Drilled 7-7/8" hole to 7575'. Ran logs. Ran 188 jts (7582.88') 5-1/2" OD csg set @ 7574' RKB, GS & diff. fillup collars 6.15'; 35 jts 17# K-55 ST&C (1457.37'); 153 jts 15.5# K-55 ST&C (6119.36'). Cmdt 1st stage w/500 gals mud flush, 10 BW, 300 sx 50-50 Poz, 4% gel, 6.5# gilsonite/sx, 3/4% CFR2, 1/4% HB4, tailed in w/100 sx neat cement. Displaced w/88 BW. Bumped plug w/1500#, float held. PD @ 5:00 pm, 5-21-79. Cmdt 2nd stage w/500 gals mud flush, 10 BW, 300 sx 50-50 Poz, 4% gel, 6.5# gilsonite/sx, tailed in w/100 sx neat cement. Displaced w/ 93.5 BW. Closed DV tool 2500#. DV tool on top of jt #91 @ 3881'. Recip. pipe while circlg. & cmtg. Circl'd 2nd stage for 3 hrs, displaced w/82 BW. Job complete @ 8:45 pm, 5-21-79. Released rig @ 12:00 midnight, 5-21-79.

5-22-79 Waiting on completion.

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE 6-1-79.
W. A. Walther, Jr.
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____