

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0135  
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1955' FSL & 510' FEL
14. PERMIT NO. API 30-039-24095	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6940' GR

5. LEASE DESIGNATION AND SERIAL NO. SF-080472-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Tonkin Federal
9. WELL NO. 5
10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup/Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-24N, R-3W
12. COUNTY OR PARISH Rio Arriba
13. STATE NM

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MAR 25 1987

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) First Gas Delivery	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
17. HAS ANY 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.)*			

ARCO Oil and Gas Company reports that the gas pipeline construction was completed as approved. The gas was first delivered to El Paso Natural Gas Company on March 18, 1987 at 10:25 a.m. The initial well parameters were as follows:

Tubing Pressure	155 psi
Casing Pressure	850 psi
Rate	106 MCFPD

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MAR 27 1987  
OIL CON. DIV.  
DIST. 3

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>[Signature]</u>	TITLE <u>Production Supervisor</u>	DATE <u>March 23, 1987</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD

MAR 23 1987

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

