

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of Atlantic Richfield Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 5540, Denver, Colorado 80217</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FNL & 800' FWL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SE 078482</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---</p> <p>7. UNIT AGREEMENT NAME ---</p> <p>8. FARM OR LEASE NAME ---</p> <p>9. WELL NO. Crow Mesa #1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-25N-8W</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE New Mexico</p>
<p>14. PERMIT NO. 30-045-25853</p>	<p>15. ELEVATIONS (Show Surface of Land) 6775 ARMINGTON RESOURCE AREA</p>

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JAN 26 1984

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

Drilled ahead to 7110' T.D. Logged. Ran 162 jts 5-1/2", 17.0#, N-80, LTC casing and set @ 7105'. Mix and pumped 1st stage-1000 gals gelled mud, 440 sx 65/35 poz with 12% gel, 200 sx 50/50 poz with 2% gel, 6#/sx gilsonite, 6#/sx NaCl and 300 sx Class "H" with 8#/sx NaCl, 6-1/4#/sx gilsonite and 1/2#/sx celloflake. Drop plug and displace with 163.8 bbls mud and water. Dropped DV and opened. Circulate. Pumped 2nd stage-10 bbls water, 800 sx 65/35 lite lead slurry followed with 430 sx 50/50 poz with 2% gel tail slurry. Displaced with 85 bbls water. Bump plug. Full returns; FS @ 7105', FC @ 7060' and DV @ 3071'.

Released rig 1-19-84.
Waiting on completion.

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JAN 30 1984
OIL CON. DIV.
DIST. 3

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

SIGNED W.A. Walther, Jr. TITLE Operations Manager DATE 1-23-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD
DATE JAN 27 1984

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

NMOCC
*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY SM