

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-1343
2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee
3. ADDRESS OF OPERATOR P.O. Box 5540, Denver, Colorado 80217		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 1620' FSL & 860' FEL		8. FARM OR LEASE NAME Navajo Allotted Com
14. PERMIT NO. 30-045-26276		9. WELL NO. 1E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6709' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24-25N-10W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

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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"/>

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) <u>Spud and Surface Casing</u>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

19. RISE 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.)*

MI & RU Four Corners Rig #7. SPUD 12-1/4" hole 4-1-85. Drilled and surveyed ahead to 406'. RU and ran 10 jts 8 5/8", 24#, K-55, STC casing and set @ 406'. Cemented with 280 sx Class "B" cement + 1/4#/sx celloseal + 2% CaCl₂ (1.18 cuft/sx - 330.4 cuft). Displaced with 23.5 bbls fresh water. Displace approximately 120 sx cement to pit. Cement to surface. Bumped plug 4-2-85. Float held. NU BOP. Test blind rams, pipe rams and manifold to 250 psi for 5 mins and 3000 psi for 15 minutes - held OK. Test casing to 1000 psi for 30 minutes - OK. Drilled cement. Drilling ahead 4-2-85.

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

SIGNED L.B. Morse TITLE Operations Manager

(This space for Federal or State office use)

DATE 4-12-85

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APR 23 1985

FARMINGTON RESOURCE AREA
BY EGS

*See Instructions on Reverse Side

NMOCC