

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		7. UNIT AGREEMENT NAME ---
2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of Atlantic Richfield Company		8. FARM OR LEASE NAME Hammond
3. ADDRESS OF OPERATOR P.O. Box 5540, Denver, Colorado 80217		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FNL & 1410' FEL		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde
15. ELEVATIONS (Show whether on or off etc.) 6280' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-27N-8W
14. PERMIT NO. 30-045-26592	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. 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"/>		<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) SPUD AND SURFACE CASING	<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.)*

MIRU Young Rig #2. SPUD 12 1/4" hole @ 1615 hrs 11-6-85. Drilled ahead to 504'. RU and ran 12 jts 8-5/8" 24#, J-55, STC casing and set @ 504'. Cemented as follows: mixed and pumped 350 sx Class "B" + 2% CaCl₂ + 1/2#/sx flocele (yield 1.18 cuft/sx), preceeded by 5 bbls water. Bumped plug. Floats held OK. Good circulation throughout. Estimated 170 sx cement to surface.

Tested BOPE to 250 psi for 5 mins and 3000 psi for 15 mins - OK.
Tested casing to 1000 psi for 15 mins - OK.

Drilling ahead 11-8-85.

RECEIVED
NOV 22 1985
OIL CON. DIV
DIST. 2

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

SIGNED J.M. McCarthy TITLE District Drilling Superintendent DATE 11-15-85
J.M. McCarthy

(This space for Federal or State office use)

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

*See Instructions on Reverse Side