

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 formation.  
Use "APPLICATION FOR PERMIT" for such proposals.)

|                                                                                                                                                                           |  |                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                                          |  | 87 JUN 23 AM 8:37                                                        |  |
| 2. NAME OF OPERATOR<br>ARCO Oil & Gas Company, Division of Atlantic Richfield Company                                                                                     |  | FARMINGTON RESOURCE AREA<br>FARMINGTON, NEW MEXICO                       |  |
| 3. ADDRESS OF OPERATOR<br>1816 E. Mojave, Farmington, New Mexico 87401                                                                                                    |  | 9. WELL NO.<br>125                                                       |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>Unit A, 330' FSE & 957' FWL |  | 10. FIELD AND POOL, OR WILDCAT<br>Horseshoe Gallup                       |  |
| 14. PERMIT NO.                                                                                                                                                            |  | 15. ELEVATIONS (Show whether OF, RT, GR, etc.)<br>5398' GL               |  |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data                                                                                             |  | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA<br>Sec. 6, T-30N, R-16W |  |
|                                                                                                                                                                           |  | 12. COUNTY OR PARISH<br>San Juan                                         |  |
|                                                                                                                                                                           |  | 13. STATE<br>NM                                                          |  |

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"/> | WATER SHUT-OFF                                                                                        | <input type="checkbox"/> |
| FRACURE TREAT           | <input type="checkbox"/> | FRACURE TREATMENT                                                                                     | <input type="checkbox"/> |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING                                                                                 | <input type="checkbox"/> |
| REPAIR WELL             | <input type="checkbox"/> | (Other)                                                                                               | <input type="checkbox"/> |
| (Other)                 | <input type="checkbox"/> | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | <input type="checkbox"/> |

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.)

This well was plugged 10/29/84 - 10/31/84 as follows:

| Plug | Interval    | Cement |                                                                                          |
|------|-------------|--------|------------------------------------------------------------------------------------------|
| 1    | 1099'-1180' | 30 sx  | Spot plug to cover Gallup Perfs.                                                         |
| 2    | 290'-390'   | 30 sx  | Squeezed 2 perforations @ 390' to isolate the estimated TOC and the surface casing shoe. |
| 3    | 0-138'      | 30 sx  | Squeezed 2 perforations @ 138'. Circulated.                                              |

Welded a steel plate over the top, and installed a dry hole marker.

Surface clean-up was completed. Reseeding will be done per BLM specifications between July 1 and September 1, 1987.

|                                                             |                             |                                                               |  |
|-------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|--|
| 18. I hereby certify that the foregoing is true and correct |                             | RECEIVED<br>JUL 02 1987<br>CIL CON. DIV.<br>DIST. J. APPROVED |  |
| SIGNED <i>[Signature]</i>                                   | TITLE Production Supervisor | DATE 6/17/87                                                  |  |
| (This space for Federal or State office use)                |                             |                                                               |  |
| APPROVED BY <i>[Signature]</i>                              | TITLE                       | DATE JUN 30 1987                                              |  |
| CONDITIONS OF APPROVAL, IF ANY:                             |                             | FARMINGTON RESOURCE AREA                                      |  |

\*See Instructions on Reverse Side

NMOCC