

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>ARCO OIL & GAS COMPANY</u></p> <p>3. ADDRESS OF OPERATOR <u>Division of Atlantic Richfield Company</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u></p> <p><u>Unit J 1980' FSL & 1980' FEL</u></p> <p>14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3453 GL</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>EC - 032573 B</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME _____</p> <p>8. FARM OR LEASE NAME <u>Elliott B-6</u></p> <p>9. WELL NO. <u>2</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Penrose Skelly GB</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 6, T22S, R37E</u></p> <p>12. COUNTY OR PARISH <u>Lea</u> 13. STATE <u>NM</u></p>
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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) _____	(Other) _____
(Other) <u>Test csg</u>	<u>X</u>	(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.)*

Spud 10-19-37			
TD 3796'			
Surface Casing	10 3/4"	32.75#	301'
Int. Casing	7 5/8"	26.4#	1158'
Prod. Casing	5 1/2"	17#	3417'
OH	3417' - 3796'		

1. Set & Test Anchor
2. MIRU
3. POH w/CA
4. RIH to 3400' w/packer
5. Load and test casing to 500# for 15 min
6. POH w/packer
7. NU wellhead
8. Rig down

RECEIVED
JUN 30 10 05 AM '88
OIL AND GAS DIVISION

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>Services Supv.</u>	DATE <u>5/18/88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>7-13-88</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side