|  | UNI ) STATES TTMENT OF THE INTERI EAU OF LAND MANAGEMENT   | OR verse side)   | 5. LEASE DESIGNATION AND SER<br>71-034711   | 04-0135<br>35<br>RIAL NO. |
|--|--|--|---|---------------------------|
|  | OTICES AND REPORTS ( opposals to drill or to deepen or plug b LICATION FOR PERMIT—" for such pi  |  | 6. IF INDIAN, ALLOTTRE OR TRIE  | BE NAME                   |
| OIL GAS WELL WELL OTHER Drilling  2. NAME OF OPERATOR  |  |  | 7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME   |                           |
| Arch Petroleum Inc.  3. ADDRESS OF OPERATOR  10 Desta Dr., Suite 420 East, Midland, Texas 79705  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At Surface |  |  | Baylus Cade Federal  9. Wall No.  4  10. FIELD AND POOL, OR WILDCAT                           |                           |
|  |  |  |   |                           |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF  | , RT, GR, etc.)  | 12. COUNTY OR PARISH 13. ST   | ATE                       |
| Approved 9-29-89   | 3246.2 GR  |  | Lea New   | Mexico                    |
| check  | Appropriate Box To Indicate N  | lature of Notice, Report, or   |   |                           |
| NOTICE OF INTENTION TO: SUBSEC   |  |  | QUENT EMPORT OF:  |                           |
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL.   | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS   | WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other) Drilling O | REPAIRING WELL,  ALTERING CASING  ABANDONMENT*  Perations  Its of multiple completion on Well | X                         |
| (Other)  17. DESCRIBE PROPOSED OR COMPLETED proposed work. If well is direct to this work.) **   | OPERATIONS (Clearly state all pertinent ectionally drilled, give subsurface locat  | Completion or Recom  | apletion Report and Log form.)  | -41                       |
| Oct 4, 1989: Ran<br>Clas<br>Circ<br>Oct 5, 1989: Test  | 12 1/4" hole at 8:30 F<br>29 jts of 8 5/8" 24# ca<br>s "C" with 2% CaCl and<br>ulated 114 sx to pit.<br>ed BOP and casing to 10<br>ace casing. | using. Set at 1170'.<br>1/4# per sx Flocele<br>WOC for 12 hours.             | Cement with 750 sx<br>. Plug down at 5:30 P   |                           |
|  |  |  | 350   |                           |
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|  |  |  | Co  | C)                        |
|  | :<br>:   |  | <i>9</i> 57<br>€14  | EIV                       |
|  |  |  | 77.754<br>mary m  | E D                       |
|  |  |  | · . 83  |                           |
| 18. I hereby certify that the foregoin   | g.is true and correct  |  |   |                           |
| SIGNED ~ (Med)   |  | erations Manager   | DATE 10-25-89   |                           |
|  |  |  | ( MENTEL) HOR MOLLOWD   |                           |
| CONDITIONS OF APPROVAL, II   |  | <del></del>  | 5.7 3 1 189s  |                           |

\*See Instructions on Reverse Side

CARISEAD, NEW MENICO