

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. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
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
Unit I
330 FEL & 2310 FSL, Section 34, T23S, R37E

5. LEASE DESIGNATION AND SERIAL NO.
LC-064118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
E. C. Hill "D" Federal

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Teague Devonian & South Teague Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34, T23S, R37E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3256 DF

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

5-23-90 Stimulated Devonian zone with 60,000 SCF N₂ pad. Pumped 214,000 SCF N₂ with 6000 gals acid at 2 BPM with 1500 SCF N₂ per bbl acid. Flushed with 26,000 SCF N₂. ISIP: 2100#. Open well up flowing with TP 1850# on 8/64" choke.

5-24-90 Well dead. Swab 16 runs. Recovered 30 B0 and 28 BW. Re-ran production string. Put well on pump.

RECEIVED
JUN 4 8 23 AM '90
CARLSBAD NEW MEXICO

ACCEPTED BY Ad
JUN 10 1990
CARLSBAD NEW MEXICO

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

SIGNED David Miller TITLE David Miller DATE 5-31-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side