

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

ckf

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.)

MAY 29 1986

O. C. D.

ARTESIA OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. of Atlantic Richfield Company
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FNL & 660' FEL (Unit letter H)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3729' DF

5. LEASE DESIGNATION AND SERIAL NO
LC 029435 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
J. L. Keel "A"
9. WELL NO.
11
10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
7-17S-31E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Shut In ☒

(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.)*

On 4/2/86 well produced 1 BO, 1 BW & 0 MCFCG. Circulated well w/75 bbls corrosion inhibited water, shut in tubing, left casing open. Well shut in effective 5/10/86 for evaluation. Final Report.

APPROVED FOR 12 MONTH PERIOD
ENDING 5/20/87

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

SIGNED

L W King

TITLE Area Prod Supt.

DATE 5/16/86

(This space for Federal or State office use)

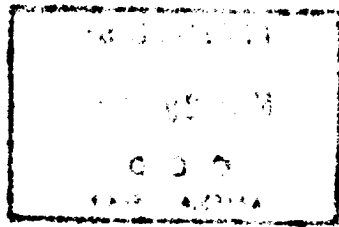
APPROVED BY

TITLE

DATE 5-27-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



EX-100-100
EX-100-100