

NM OIL CONS. COMMISSION
DRAWER DD
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

C/SF

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY MAR 03 1986 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (a)	
2. NAME OF OPERATOR ARCO Oil & Gas Company			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1610, Midland, Texas 79702			7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL & 1398' FWL (Unit N)			8. FARM OR LEASE NAME Turner "A"	
14. PERMIT NO. API 30-015-05223		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3743 GR		9. WELL NO. 27
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers		
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.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-17S-31E		
		12. COUNTY OR PARISH Eddy		
		13. STATE NM		

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

18. 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.)

Propose to P&A as follows:

1. 35 sx 1700-1900'. CIBP w/200' cmt. (OH Plug).
2. 150 sx 1210-1340'. Perfs @ 1340. CR @ 1260 w/50' cmt. (B-Salt).
3. 85 sx 500-560. Perfs @ 560'. CR @ 500. Cmt behind 7" csg.— (T-salt).
4. 10 sx 0-20'. (surface). *to surface*

7" 1980'

20' 500'



18. I hereby certify that the foregoing is true and correct		915-684-0312	
SIGNED <u>Ken W. Gosnell</u>	TITLE <u>Engr. Tech. Spec.</u>	DATE <u>2/6/86</u>	
(This space for Federal or State office use)			
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>2-28-86</u>	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side