| Fr. m. 3160-5 (November 1983) (Formerly 9-331) DEPARTMENT: JF THE INTERIOR TOTAL PROPERTY OF THE BUREAU OF LAND MANAGEMENT D | | | Budget Burea Expires Augu | Form approved. Budget Bureau No. 1004-(135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. | |
|--|--|---|---|--|--|
| SU Do not use th | NDRY NOTICES AND REPORTS is form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such | ON WELLS | LC-029395 6 IF INDIAN, ALLOT | (a) | |
| OIS GAS WELL WELL | | RECEIVED BY | 7. UNIT AGREEMENT | NAME | |
| ARCO Oil and Gas Company - Div. of Atlantic Richfield Company | | | 8. FARM OR LEASE N | | |
| P. O. Box 1710, Hobbs, New Mexico 88240 ARTESIA, OFFICE 1. LOCATION OF WELL (Report location clearly and in accordance with any state requirements.) At surface | | | 1 | 2 10. FIELD AND POOL, OR WILDCAT | |
| 2200' FSL & 440' FWL (Unit letter L) | | | 11. SHC., T., R., M., OR SURVEY OR ARE | Grayburg Jackson- | |
| 14. PERMIT NO. | 15 ELEVATIONS (Show whether D | F, RT, GR, etc.) | 18-17S-31E 12. COUNTY OR PARIS | H 13. STATE | |
| 16. | 3761' GR | | Eddy | N.M. | |
| | Check Appropriate Box To Indicate 1 | 1 | | | |
| FRACTUBE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED of proposed work. I nent to this work.) | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS OR COMPLETED OPERATIONS (Cleanly State all pertiner f well is directionally drilled, give subsurface local contents of the con | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report result Completion or Recom | BEPAIRING ALTERING ABANDONME Shut In its of multiple completion pletion Report and Log for a line and a line and log for a | on Well | |
| SI tubing an Report. | d casing. Well shut in effect | ive 5/12/86 pending e | evaluation, Fi | nal | |
| | | | | | |
| | APPROVED FOR 12 MONTH PERIOD ENDING 5/27/87 |) | | | |
| SIGNED W | the foregoing is true and correct Huy TITLE A ral of State office use) | rea Prod Supt. | DATE 5/19 | 0/86 | |
| APPROVED BYCONDITIONS OF AP | PROVAL, IF ANY: | | DATE | 7.54 | |

*See Instructions on Reverse Side