

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MAY 29 1986
O. C. D.
ARTESIA, OFFICE

SUBMIT IN TRIPL.
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-113-
Expires August 31, 1985

45F

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 ARCO Oil and Gas Company
Division 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
330' FNL & 1980' FWL, Unit letter C

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3713' GR

5. LEASE DESIGNATION AND SERIAL NO.
LC 029395 A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Turner A
9. WELL NO.
7
10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
19-17S-31E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.

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 4/05/86 well produced 2 BO, 46 BW & 4 MCFG.
Pumped 75 bbls corrosion inhibited water down casing, circ well for 5 hours. Shut in tubing, left casing open. Well shut in effective 5/11/86 pending engineering evaluation. Final Report.

APPROVED FOR 12 MONTH PERIOD
ENDING 5/20/87

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

SIGNED [Signature] TITLE Area Prod Supt. DATE 5/14/86

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE 5 27 86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side