

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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

25F

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"/>	2. NAME OF OPERATOR ARCO Oil and Gas Company ✓	3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL (Unit A)	5. RECEIVED MAY 11 1987 O. C. D. ARTESIA, OFFICE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Turner "A"	9. WELL NO. 23	10. FIELD AND POOL OR WILDCAT Fren Seven Rivers	11. SEC., T., S., M., OR BLK. AND SURVEY OR ARMA 19-17S-31E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO. 30-015-05248	15. ELEVATIONS (Show whether on pt. or on etc.) 3670 DF											

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

RU PU 9-3-86. P&A'd as follows:

Plug	Interval	Cmt	Remarks
1	1740-1967	180 sx	CICR @ 1770 w/40' cmt. (OH-Plug)
2	1020-1150	150 sx	Perf @ 1150. CR @ 1060 w/40' cmt (B-Salt)
3	0-500'	270 sx	Perf @ 500'. Cmt in & behind 5-1/2" csg. (T-Salt, Shoe, Surf)

Installed P&A marker. Well P&A'd 10-2-86.

18. I hereby certify that the foregoing is true and correct		915-688-5672
SIGNED <u>Kenn W. Gosnell</u>	TITLE <u>Engr. Tech. Spec.</u>	DATE <u>12-8-86</u>
(This space for use of State or local agency)		
APPROVED BY <u>Acting Area Manager</u>	TITLE	DATE <u>3-10-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

Post ID-2
12-19-86
MA