

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-1
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 GAS WELL OTHER

2. NAME OF OPERATOR
ARCO Oil & Gas Co - Division of Atlantic Richfield Co.

3. ADDRESS OF OPERATOR
P.O. Box 1610, Midland, Tx 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.
See also space 17 below)
At surface
660 FSL & 1980 FEL (Unit 0)

5. LEASE DESIGNATION AND SERIAL NO.
LC 031844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Fren Oil Company

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Fren Seven Rivers

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
19-17S-31E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. PERMIT NO.
API#30-015-05249

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
3590 GR

RECEIVED BY
FEB 12 1986
O. C. D.
ARTESIA, OFFICE

16. 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.*

Propose to P&A as follows:

1. 150 sx 1750'-2030'. CR @ 1800' w/50' cmt on top. (OH plug).
2. 25 sx 1026'-1275'. (B-salt)
3. 26 sx 491-750. (shoe, T-salt)
4. 26 sx 0-250. (surface)

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

SIGNED Ken W. Gosnell TITLE 915-684-0312 Engr. Tech. Spec. DATE 1-13-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-16-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side