

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Draw other instructive on re-
verse side

Form approved
Budget Bureau No. 1004-
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

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 ☐

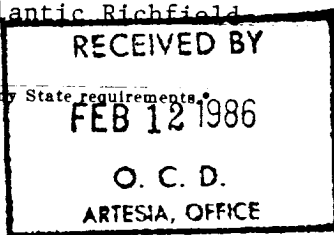
2. NAME OF OPERATOR
ARCO Oil and Gas Company - Division of Atlantic Richfield

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 FWL (Unit D)

14. PERMIT NO
API#30-015-05277

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3730 KB



LC 029395 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Turner "A"

9. WELL NO.
26

10. FIELD AND POOL OR WILDCAT
Fren Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(Other)

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.)

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

Propose to P&A as follows:

1. 25 sx 1770-1870. (OH plug).
2. 150 sx 1200-1300. Perfs @ 1300'. CR @ 1250 w/50' cmt on top. (B-salt).
3. 225 sx 0-535'. Perf @ 535. Cmt in & behind 7" csg. (T-salt, shoe, surface).

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

SIGNED Ken W Gosnell TITLE Engr. Tech. Spec. DATE 1-10-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-10-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side