| First 3160-5 (November 1983) (Formerly 9-331) | UN FED STAT | E INTERIOR | SUBMIT IN TRIPL CAT Other Instruction versesuidence TELES | E Duager Dure da Expires August 5. LEASE DESIGNATION | 31, 1985 | |
|--|--------------------------------------|----------------------------------|---|--|---|--|
| SUNDI | BUREAU OF LAND MAI RY NOTICES AND RE | PORTS | WELLS ⁸²¹⁰ | LC 029395 | <u> </u> | |
| (Do not use this for | m for proposals to drill or to de | for such proposal | s.) | 7. UNIT AGREEMENT NA | мв | |
| OIL X WELL OTHER 2. NAME OF OPERATOR ARCO Oil and Gas Company 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 330' FSL & 660' FWL (Unit M) | | | | | 8. FARM OR LEASE NAME | |
| | | | | Turner "B" | | |
| | | | | 9. WELL NO. 7:0 | 7:0 10. FIBLD AND POOL, OR WILDCAT Cedar Lake - Abo | |
| | | | | Cedar Lake - | | |
| 330' FS | L & 660' FWL (Unit M | 1) | | 11. SEC., T., E., M., OR B SURVEY OR AREA | ILE. AND | |
| | | | | 20-17S-31E | | |
| 14. PERMIT NO. 30-015- | | now whether DF, RT. G 3627 GR | r. etc.) | 12. COUNTY OR PARISH Eddy | NM | |
| 16. | Check Appropriate Box To | Indicate Nature | | r Other Data | | |
| | PULL OR ALTER (ASIN | (G | WATER SHUT-OFF | REPAIRING V | WELL | |
| TEST WATER SHUT-OFF FRACTURE TREAT | MULTIPLE COMPLETE | | FRACTUBE TREATMENT | ALTERING C. | ASING | |
| SHOOT OR ACIDIZE | ABANDON* | | SHOOTING OR ACIDIZING | ABANDONME | NT* X | |
| REPAIR WELL (Other) | CHANGE PLANS | : | (Other) Norm: Report resu | ults of multiple completion impletion Report and Log for | on Well | |
| 12-5-86. Plug | RU PU. P&A'd as f Interval | Cmt | Remarks | | | |
| | ((2), (0)) | 25 | Tag top CIBB 0 | 6980¹. Spot 25 | CV | |
| 1 2 | 6624-6980 3194-3550 | 25sx 25sx | Spot | 0980 • Spot 25 | 5.7 | |
| 2 3 | 2594-2950 | 25sx | Spot | | | |
| 6 | 1294-1650 | 25sx | Spot | • | | |
| 9 | 0 - 425 2250-1894 | 30sx $25 sx$ | Spot Spot | | | |
| Installe | d dry hole marker. | Well P&A'd | 12-6-87 | | | |
| | | | | | | |
| | | | | • . | | |
| | | | | | • | |
| | | | | • | | |
| 18. I hereby certify that th | e foregoing is true and correct | 915-6 | 88-5672 | | | |
| SIGNED Ken a | V Gornell | | Tech. Spec. | DATE | 2-87 | |
| (This space for Federal | or State onice une | | | | 2 /- | |
| APPROVED BY | Area Menager | TITLE | | DATE | 3087 | |
| CONDITIONS OF APP | ROVAL, IF ANY: | | | Post | TD-Q | |

*See Instructions on Reverse Side

Post FD-2 2-13-87 P+H