

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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"/>                        | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF-080472-A                       |
| 2. NAME OF OPERATOR<br>ARCO Oil & Gas Co., Division of Atlantic Richfield Co.   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                     |
| 3. ADDRESS OF OPERATOR<br>1816 E. Mojave, Farmington, NM 87401  | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface | 8. FARM OR LEASE NAME<br>Chacon Federal                                  |
| 14. PERMIT NO.<br>30-039023449  | 9. WELL NO.<br>101   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6889' GR  | 10. FIELD AND POOL, OR WILDCAT<br>W.Lindrith Gallup/Dakota               |
|   | 11. SEC., T., R., N., OR S.W. AND SURVEY OR AREA<br>Sec. 19, T-24N, R-3W |
|   | 12. COUNTY OR PARISH<br>Rio Arriba                                       |
|   | 13. STATE<br>NM  |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/>                   | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>                        | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>                      | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>                           | CHANGE PLANS <input type="checkbox"/>         |
| (Other) Permit to Vent Gas <input checked="" type="checkbox"/> |   |

SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input type="checkbox"/>               |  |

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

17. IF REPAIR, REUSE 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.\*

ARCO Oil and Gas Company respectfully requests permission to vent the produced gas on the subject well. This well was tested over a one week period and had a calculated gas rate of 22 MCFD. During this test period, back pressure on the well was increased to 170 psig to stimulate sales to the pipeline. This pressure increase caused a 1-2 BPD decrease in the oil rate.

In the current market environment, the indicated gas rate, along with a decrease in the oil rate from this well, does not economically allow ARCO to install a gas sales line at this time. ARCO Oil and Gas Company will continue to evaluate the market conditions for the potential of connecting this well to gas sales.

NOV 22 1989  
THIS APPROVAL EXPIRES

NO L-4.7 Sec. 4. F 24 E

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

SIGNED David Coyne

TITLE Production Supervisor

DATE 11/16/88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

\*See Instructions on Reverse Side

NMOCC

NOV 22 1988  
[Signature]  
AREA MANAGER