

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. SF-080472-A
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, NM 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  700' FNL & 800' FEL		8. FARM OR LEASE NAME Chacon Federal
14. PERMIT NO. 30-039023449		9. WELL NO. 101
15. ELEVATIONS (Show whether OF, ST, GR, etc.) 6889' GR		10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup/Dakota
		11. SEC., T., R., N., OR S.W. 1/4 AND SURVEY OR AREA Sec. 19, T-24N, R-3W
		12. COUNTY OR PARISH Rio Arriba
		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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Permit to Vent Gas ☒

(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.)\*

ARCO Oil and Gas Company respectfully requests permission to vent the produced gas on the subject well. This well has a calculated gas rate of 26 MCFPD. In past tests when back pressure on the well has increased to 170 psig to simulate sales to the pipeline, the 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.

THIS APPROVAL EXPIRES NOV 22 1990  
RECEIVED NOV 27 1989  
OIL CON. DIV  
DIST. 2

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

SIGNED Steve Mullican

TITLE Production Supervisor

DATE 11/20/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
DATE

WOOD

NOV 28 1989  
CATCH BASIN

\*See Instructions on Reverse Side