

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"/>	7. UNIT AGREEMENT, NAME, P. 1987
2. NAME OF OPERATOR ARCO Oil and Gas Company, A Division of Atlantic Richfield Co.	8. FARM OR LEASE NAME, DIV. 1 Gardner DIST. 3
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401	9. WELL NO. 13-1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 1850' FWL	10. FIELD AND POOL, OR WILDCAT Gavilan Gallup/Dakota
14. PERMIT NO. 30-039-24072	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-25N, R-3W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7223' GR	12. COUNTY OR PARISH Rio Arriba
13. STATE NM	

RECEIVED

JAN 23 1987

BUREAU OF LAND MANAGEMENT
FARMINGTON-RESOURCE AREA

18. 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) Gas Venting <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. 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 requests approval to continue venting gas from the ARCO Gardner #13-1. A GOR Test was performed on this well on January 19, 1987 with the following results: 6 BOPD, 3 BWPD, and 5 MCFPD. This gas rate will not justify the construction of a 9783' gas flowline which would be needed to tie-in with El Paso Natural Gas Company at the nearest delivery point. ARCO requests approval to continue venting until an economic gas rate is established through restimulation or recompletion.

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

SIGNED Acis Fule

TITLE Production Supervisor

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

APPROVED

DATE 1/23/87

DATE JAN 26 1987

AREA MANAGER
FARMINGTON RESOURCE