

93160-5
November 1983)
formerly 9-331)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF 078863
2. NAME OF OPERATOR ARCO Oil & Gas Co., Division of Atlantic Richfield Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, TX 79702	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 SE SW, 1190' FSL & 1625' FWL, Sec. 28	8. FARM OR LEASE NAME Krouse WN Federal
	9. WELL NO. 5
	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-T28N-R11W
14. PERMIT NO. (P.T.McGrath, 2-2-65)	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, AS, or SL) 5814' GR	13. STATE NM

RECEIVED
NOV 12 1986

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 COMPLETE <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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Workover</u>	

(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.) *

Well #5 was worked over Nov. 23-Dec. 7, 1985. The tubing was pulled, a bit and scraper were run to bottom and casing inspection log was run. The logging tool was unable to get below 3860'. Set a bridge plug at 6100' to isolate perf's (6199'-6321'). The casing was tested using a fullbore packer. The casing was pressure tested above and below the packer to 500 psi with a full column of 2% KCl water. Drilled out bridge plug and reran packer to 6170' to retest casing. Backside tested to 500 psi with a full column of 2% KCl water. The well was swab tested for four days with a slight gas blow and 100 BW produced. Pulled packer out of hole and reran tubing open ended to 6170'. The well was swabbed down, shut-in and the rig was moved off.

No casing leak was found.

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

SIGNED _____	TITLE <u>Operations Analyst</u>	DATE _____
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>NOV 13 1986</u>
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY Sm