

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Subject: 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 ☐ GAS WELL ☒ OTHER		7. UNIT ASSIGNMENT NAME	
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.		8. FARM OR LEASE NAME Krause WM Federal	
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401		9. WELL NO. 8E	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F, 1595' FNL & 2170' FWL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-28N, R-11W	
15. ELEVATIONS (Show whether DF, BT, GR, etc.) 5750' GL		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 approval of long-term shut-in status on this well. At this time, under the current limited gas market, ARCO cannot economically operate the subject well.

RECEIVED
OCT 13 1987
OIL CON. DIV.
OCT. 3

SEP 30 1987

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

SIGNED John F. Brune

TITLE Production Supervisor

DATE 9/30/87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side