

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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		3. WELL NO. 6E
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.		4. FIELD AND POOL, OR WILDCAT Basin Dakota
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401		5. SEC., T., R., OR B.L.E. AND SUBV.: OR AREA Sec. 29, T-28N, R-11W
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit J, 1520' FSL & 1520' FEL		6. COUNTY (OR PARISH) 6. STATE San Juan NM
14. PERMIT NO.	15. ELEVATION (Show whether dg, ft, or, etc.) 5772' GL	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT ON:	
TEST WATER SHUT-OFF ☐	PLUG OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT ☐
REPAIR WELL ☐	CHANGE PLANS ☒	(Other) ☐	
(Other) ☐		(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 & GAS DIV.
 BLM

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

SIGNED *Eric J. Purse* TITLE Production Supervisor DATE 9/30/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side