

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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. LC - 032573 - B
2. NAME OF OPERATOR ARCO OIL & GAS COMPANY Division of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1710 Hobbs, New Mexico 88240		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 Unit B 660' FNL & 1980' FEL		8. FARM OR LEASE NAME Elliott B-7
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3446' GL	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Penrose Skelly GB
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.)		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec 7, T22S, R37E
18. I hereby certify that the foregoing is true and correct		12. COUNTY OR PARISH Lea
SIGNED <i>James E. Johnson</i> TITLE Services Supv. DATE 5-24,88		13. STATE NM

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) <u>Test Csg</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.)

TD - 3723'
Spud 11-4-44
Surface Casing 7 5/8" 26.4# @ 1157'
Prod. Casing 5 1/2" 17# @ 3642'
RKB 10'

5-20-88 MIRU, Move tbg on location, RIH w/packer to 3559', test casing to 500# for 15 min - held OK - Lost 20#. POH w/tbg laying down. Attempt to change wellhead, could not get old head off. NU BOP & SION

5-23-88 Install adaptor & new head. Rig down

Inspected by Jack Johnson w/BLM

CHART ATTACHED

RECEIVED
 MAY 25 11 28 AM '88
 BUREAU OF LAND MANAGEMENT
 ALBUQUERQUE, NEW MEXICO

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

SIGNED *James E. Johnson* TITLE Services Supv. DATE 5-24,88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 24 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO