

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires September 10, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. TYPE OF WELL ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
ARCO Oil & Gas Company

3. ADDRESS AND TELEPHONE NO.
P.O. Box 1610, Midland, TX 79702 (915) 688-5672

4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description)
990 FNL & 2310 FWL (Unit Letter C)
28-22S-36E

5. LEASE DESIGNATION AND SERIAL NO.
LC-030133-(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. IF UNIT OR CA, AGREEMENT DESIGNATION

8. WELL NAME AND NO.
Langley Deep #1

9. API WELL NO.
30-025-25699

10. FIELD AND POOL, OR EXPLORATORY AREA
Langley Strawn

11. COUNTY OR PARISH, STATE
Lea

12. **CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> NOTICE OF INTENT	<input type="checkbox"/> ABANDONMENT	<input type="checkbox"/> CHANGE OF PLANS
<input type="checkbox"/> SUBSEQUENT REPORT	<input type="checkbox"/> RECOMPLETION	<input type="checkbox"/> NEW CONSTRUCTION
<input type="checkbox"/> FINAL ABANDONMENT NOTICE	<input type="checkbox"/> PLUGGING BACK	<input type="checkbox"/> NON-ROUTINE FRACTURING
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> ALTERING CASING	<input type="checkbox"/> CONVERSION TO INJECTION
	<input type="checkbox"/> Other	

Add perfs to Strawn
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

13. 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.)

Propose to:

1. Pull dual completion assembly
2. Add perforation to strawn & treat
3. Rerun dual completion assembly.

This well is currently a dual Devonian (12,396-525) & Strawn (9460-9478).

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

SIGNED Ken W. Gosnell TITLE Regulatory Coordinator DATE 2/5/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-13-91
CONDITIONS FOR APPROVAL, IF ANY: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.