

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

ATE
re-

Budget Bureau No. 1004-
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-030133(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Langley Deep

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Langley Ellenburger

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

28-22S-36E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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 ☒ Dual
OTHER

2. NAME OF OPERATOR

ARCO Oil and Gas Company - Div of Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

990' ENL & 2310' FWL (Unit letter C)

14. PERMIT NO.

API #30-025-25699

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3515.6' GR

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

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) Shut In Ellenburger

X

(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.) *

On 12/18/86 Ellenburger zone produced 0 BO, 0 BW & 85 MCFG. Closed tubing valve and shut zone in for evaluation effective 1/26/87. Final Report.

APPROVED FOR 12 MONTH PERIOD

ENDING 2/24/88

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

SIGNED

Steven D. Smith

TITLE Area Prod Supt.

DATE 2/9/87

(This space for Federal or State office use)

APPROVED BY

Steven D. Smith

TITLE

DATE

2.24.87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

FEB 9 1987

OCD

HOBBY OFFICE