

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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 Permian

3. Address and Telephone No.

P.O. Box 1089, Eunice, NM 88231

505-394-1649

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FSL & 1880 FWL UNIT LETTER N
SEC. 35, T17S, R27E.

5. Lease Designation and Serial No.

LC028755A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NM 70925X

8. Well Name and No.

RIVERWOLF 11

9. API Well No.

30-015-21358

10. Field and Pool, or exploratory Area

EMPIRE ABO

11. County or Parish, State

EDDY CO. NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other MIT
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

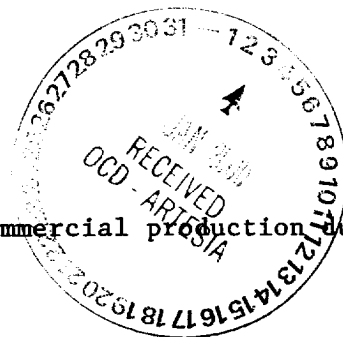
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

TD: 5600' PERFS: 5432-5482' CIBP: 5432'

MIT test ran on 9-14-99. Press tested to 580#, tested for 30 minutes.
Notified BLM and NMOC of test date, neither present. Request permission to keep well TA'D.

Note 12/31/99: Plan to re-enter this well and evaluate for commercial production during the first quarter of 2000.



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

Signed

Kevin H. P. [Signature]

Title Administrative Assistant

Date 9/22/99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

