

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

MAY 29 1986

O. C. D.

1. OIL WELL ☒ GAS WELL ☐ 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

5. LEASE DESIGNATION AND SERIAL NO  
LC 029435 (a)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. L. Keel "A"

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

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

7-17S-31E

14. PERMIT NO.

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

3708' GR

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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 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)

Shut In

(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 4/13/86 well produced 1 BO, 1 BW & 0 MCFG. Circulated well w/75 bbls corrosion inhibited water, shut in tubing, left casing open. Well shut in effective 5/10/86 for evaluation. Final Report.

APPROVED FOR 12 MONTH PERIOD  
ENDING 5/20/87

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

SIGNED

TITLE Area Prod Supt.

DATE 5/16/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 5/27/86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side