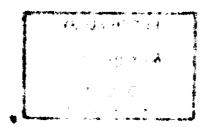
Form 3160-5 (November 1983) (Formerly 9-331) DEPARTMEN. JF THE INTER	SUBMIT IN TRIPL E* RIOR (Other Instructions re- respond to the control of the con	Form approved.  Budget Bureau No. 1004-0135  Expires August 31, 1985  5. LEASE DESIGNATION AND REGIAL NO.
BUREAU OF LAND MANAGEMEI		LC 029435(b)
		6 IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS  (Do not use this form for proposals to drill or to deepen or plu  Use "APPLICATION FOR PERMIT—" for suc	proposition Clarent read our.	
OIL GAS GAS WELL OTHER	MAY 29 1986	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	1 . D 1 . 1 G 1 D	8. FARM OR LEASE NAME
ARCO Oil and Gas Company - Div. of Atlant 3. ADDRESS OF OPERATOR	ARTESIA, OFFICE	J. L. Keel "B"  9. WBLL NO.
P. O. Box 1710, Hobbs, New Mexico 88240		3
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with an See also space 17 below.)</li> </ol>	y State requirements.	10. FIELD AND POOL, OR WILDCAT
At surface		Grayburg Jackson 11. sac., T., B., M., OR BLE. AND
660' FSL & 1980' FWL (Unit letter N)		SURVEY OR AREA
000 IBE & 1900 IWE (BILL TELLER MY		8-17S-31E
14. PERMIT NO. 15 ELEVATIONS (Show whether	DF, RT, GR. etc.)	12. COUNTY OR PARISH 13. STATE
3713' GR		Eddy N.M.
16. Check Appropriate Box To Indicate	Natura of Nation Parant of C	
NOTICE OF INTENTION TO:	• • •	
NOTICE OF INTENTION TO:	80B8EQU	ENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL
PRACTURE TREAT MULTIPLE COMPLETE	FRACTUBE TREATMENT	ALTERING CASING
SHOUT OR ACIDIZE  REPAIR WELL  CHANGE PLANS	SHOOTING OR ACIDIZING	Shut In X
(Other)	Other) NOTE: Report results	of multiple completion on Well etion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertin- proposed work. If well is directionally drilled, give subsurface loc- nent to this work.)*	ent details, and give pertinent dates, actions and measured and true vertica	including estimated date of starting any depths for all markers and zones perti-
On 2/16/86 well produced 1 BO, 4 BW & 1 M inhibited water, closed tubing in, left c pending evaluation. Final Report.		
	<b>v</b>	
ADDRAVED FAD 17 MANUEL		
APPROVED FOR 12 MONTH	I PERIOD	
ENDING <u>-5/10/87</u>		· · · I
TO THE PARTY OF TH		,
18. I hereby certify that the foregoing is true and correct		
SIGNED WYNY TITLE	Area Prod Supt.	DATE 5/16/86
(This space for Celeral or State office use)		
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:		DATE 5-27-86

\*See Instructions on Reverse Side



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