

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

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

ckf

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" (Form 3160-6) for such proposals.)

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

RECEIVED BY

MAY 29 1986

O. C. D.

ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.

LC 029426 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. L. Keel "B"

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

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

10-17S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

14. PERMIT NO.

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

3919' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Shut In

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 3/05/86 well produced 1 BO, 6 BW & 1 MCFG. Circulated well w/75 bbls corrosion inhibited water, shut tubing in, left casing open. Well shut in effective 5/11/86 pending 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

