

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(other instruction
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ON

Form approved,
Budget Bureau No. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

dsf

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 ☐ OTHER

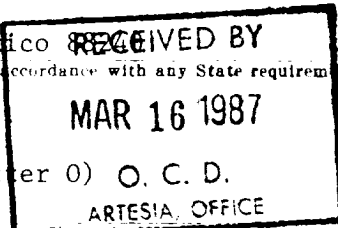
2. NAME OF OPERATOR
ARCO Oil and Gas Company - Div of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
430' FSL & 2250' FEL (Unit letter O) O. C. D.

14. PERMIT NO.
API #30-015-21460

15. ELEVATION (Specify whether DF, RF, GR, etc.)
3760.4' GR



LC-029435(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
J. L. Keel "B"

9. WELL NO.
30

10. FIELD AND POOL OR WILDCAT
Fren Seven Rivers

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
6-17S-31E

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 ☐
FRACURE TREAT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Shut Well 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 11/13/86 well produced 1 BO, 3 BW & 1 MCFG. Closed tubing and casing valves and shut well in 2/27/87 pending evaluation. Final Report.

ACCEPTED FOR RECORD

MAR 10 1987

Mr
CARLSBAD, NEW MEXICO

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

SIGNED *Steven D. Smith*

TITLE Area PROD Supt.

DATE 3/6/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side