

Form 3160-5
(November 1983)
(Formerly 9-331)

NEW OIL CORP. UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia

SUBMIT IN TRI
(Other instructio
verse side)

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

45F

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO LC 029435 (a)
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2080' FNL & 1700' FWL (Unit F)		8. FARM OR LEASE NAME J. L. Keel "A"
14. PERMIT NO. API #30-015-25423		9. WELL NO. 16
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3730.5' RKB		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson - 3A - 4-65
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-17S-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Run Tubing <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

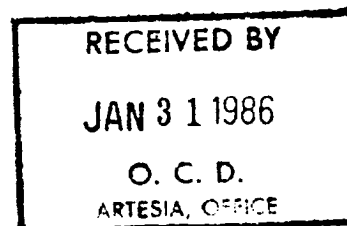
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

MIRU. Flwd well down. NU BOP & stripper. Washed sd off RBP @ 3255'. Reset RBP @ 2850'. Circ hole w/10# BW. Changed out WH. Latched RBP & POH. WIH w/BP, 1 jt 2-7/8" tbg, PN, SN & 98 jts 2-7/8" 6.5# J-55 EUE 8rd tbg. Bottomed @ 3231', SN @ 3198'. Swabbing to kick well off on 1/22/86. Final Report.

NOTED FOR RECORD

SwD
JAN 28 1986

CARISBUD, NEW MEXICO



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

SIGNED *J. W. Gray* TITLE Area Prod. Supt. DATE 1/22/86
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side