

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

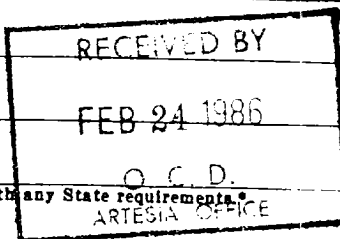
SUBMIT IN THE MANNER
(Other instructions on reverse side)

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

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 029435B	
2. NAME OF OPERATOR ARCO Oil & Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1610, Midland, Texas 79702		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 635 FNL & 1586 FWL (Unit C)		8. FARM OR LEASE NAME J. L. Keel "B"	
14. PERMIT NO. API#30-015-25448		9. WELL NO. 35	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3777.7 GR		10. FIELD AND POOL, OR WILDCAT Graybrug Jackson (QGSA)	
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA 6-17S-31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	



18. 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 COMPLETION <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 PLANS <input type="checkbox"/>	(Other) Intermediate Csg <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.)

TD 12-1/4" hole @ 2700' 6:30 AM 1-25-86. Ran 67 jts 9-5/8", 36# csg.
Set @ 2700'. Cmt'd w/1415 sx "C". Circ cmt. WOC. Press test to 2400#.
OK. Drlg new formation 2:00 AM 1-27-86.

Change in csg program as per tel. w/Bob Pitscke 1-23-86

ACCEPTED FOR RECORD

Gus
FEB 19 1986

CARISPAD, NEW MEXICO

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

SIGNED Ken W. Gosnell TITLE Engr. Tech. Spc. DATE 2-14-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side