

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)
33210

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"/>		<div>RECEIVED BY FEB 24 1986 O.C.D. ARTESIA OFFICE</div>	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"
			9. WELL NO. 35
			10. FIELD AND POOL, OR WILDCAT Grayburg Jackson QGSA
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6, 17S, 31E
14. PERMIT NO. 30-G15-25448	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3777.7 GR		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Log, run prod csg, MORT <input checked="" 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 8-3/4" hole @ 3550' 3:30 PM 2-5-86. Ran GR-CNL, GR-DLL-MSFL. Had 3/4 GPM water flow while logging. Well kicked while running in hole with bit spot 150 bbl 17.6# mud on btm. Ran 7" 26# csg & set @ 3550'. Cmted w/650 sx "H". Circ cmt to surface. RR 12:00 noon 2-8-86.

ACCEPTED FOR RECORD

Swk
FEB 19 1986

CARISBAD, NEW MEXICO

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

SIGNED *Ken W. Gosnell*

TITLE Engr. Tech. Spec.

DATE 2-14-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side