

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN "TRIP"
(Other instruction
verse side)

Form approved.
Budget Bureau No. 1004-0
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM-016788

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ Water Injector

2. NAME OF OPERATOR

ARCO Oil and Gas Company

3. ADDRESS OF OPERATOR

P.O. Box 1710, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit Letter "O", 660' FSL, 1980' FEL

14. PERMIT NO

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

DF 3640'

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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

(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 6365', PBD 5400'. 8-5/8" csg set @ 1522', 5-1/2" liner set @ 2050'.

No longer taking water. Shut-in for evaluation. 7/07/88.

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

SIGNED James Cogsburn by *James Cogsburn* Title Services Supv.

DATE 7/26/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS