

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)FORM APPROVED  
OMB NO. 1004-0137  
Expires: February 28, 1995

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL:		OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other <input type="checkbox"/>		
b. TYPE OF COMPLETION:		NEW WELL <input type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other <input type="checkbox"/>
2. NAME OF OPERATOR		ARCO PERMIAN					
3. ADDRESS AND TELEPHONE NO.		P.O. BOX 1610, MIDLAND, TX 79702				915 688-5672	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*		At surface 1980 FSL & 660 FWL (UNIT LETTER L)					
At total depth 1928 FSL & 2216 FEL		14. PERMIT NO.		DATE ISSUED		12. COUNTY OR PARISH EDDY	13. STATE NM
15. DATE SPUDDED 05-22-95	16. DATE T.D. REACHED 06-08-95	17. DATE COMPL. (Ready to prod.) 06-13-95		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*		19. ELEV. CASINGHEAD	
20. TOTAL DEPTH, MD & TVD 7705 MD 6091		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DEPLETED BY ROTARY TOOLS <input checked="" type="checkbox"/>	CABLE TOOLS
24. PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD) 5797-7705 ABO						25. WAS DIRECTIONAL SURVEY MADE YES	
26. TYPE ELECTRIC AND OTHER LOGS RUN						27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE/GRADE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8		24		1470		12 1/4	
5 1/2		14		6137		7 7/8	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2 3/8		5906		5772			
31. PERFORATION RECORD (Interval, size and number) 5797-7705 OH							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
5797-7705				A W/1700 GALS			
33.* PRODUCTION							
DATE FIRST PRODUCTION 06-13-95		PRODUCTION METHOD (Flowing, gas lift, pumping - size and type of pump)				WELL STATUS (Producing or shut-in)	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL - BBL.	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)				TEST WITNESSED BY			
35. LIST OF ATTACHMENTS DIRECTIONAL SURVEY							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED <u>Ken W. Gosnell</u>				TITLE <u>AGENT</u>		DATE <u>11-16-95</u>	

\*(See Instructions and Spaces for Additional Data on Reverse Side)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH