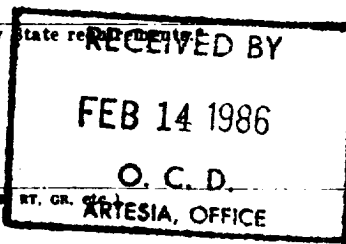


dsf

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
ARCO Oil and Gas Company - Div of Atlantic Richfield Company	Malco "B" Federal
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 1710, Hobbs, New Mexico 88240	1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
2310' FSL & 2310' FEL - Unit letter J	Red Lake Grbg SA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DRT, GR, or GL)	6-18S-27E
3410' GL	12. COUNTY OR PARISH
	Eddy
	13. STATE
	N.M.



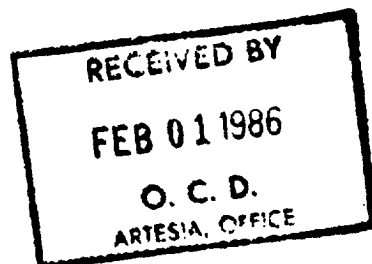
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Shut In <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.)*

Closed tubing and casing valves on wellhead and emptied storage tanks. Well is shut in for evaluation effective 1/01/86. Final Report.

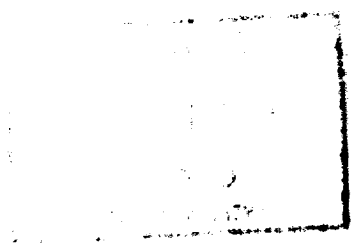
APPROVED FOR ¹² MONTH PERIOD
ENDING 2/15/87



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

SIGNED <u>J. W. Bay</u>	TITLE <u>Area Prod Supt.</u>	DATE <u>1/31/86</u>
(This space for Federal or State office use)		
APPROVED BY <u></u>	TITLE <u></u>	DATE <u>2-11-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side



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JUN 10 1968

