

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. *45F*

LC 070678(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM OIL & GAS CONVEYANCE

SUNDRY NOTICES AND REPORTS ON WELLS

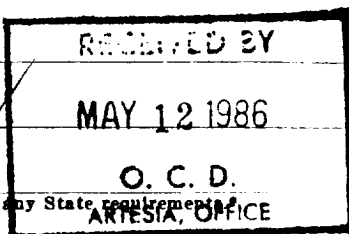
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1930' FNL & 1650' FWL (Unit F)



7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Red Lake Unit

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

Red Lake Grbg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

8-18S-27E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3376' DF

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:

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 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.)

1. MIRU 10/08/85. POH w/pump & rods, NU BOP. POH w/tbg.
2. TIH w/bit to 1723'. RIH w/pkr, set @ 1629'. Pmpd into perfs 1683-1779' 1.5 BPM @ 1000#, POH.
3. RIH w/cmt retr, set @ 1629'. Cmt d w/100 sx Cl H Neat. Tagged TOC @ 1570'.
4. Displ csg w/9.5# brine w/25#/bbl gel.
5. Spotted cmt plug 967-536'. Tagged TOC @ 530'. Perf'd 5 1/2" csg w/4 holes @ 500'. Broke circ out 5 1/2" x 8-5/8" annulus. Cmt d 5 1/2" csg & 5 1/2" x 8-5/8" annulus 500' to surf thru perfs.
6. Cleaned location. Installed regulation dry hole marker.
Well P&A eff: 10/15/85. Final Report.

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

SIGNED *D.D. Whitman* TITLE Dist Drlg Supv. DATE 10/22/85

(This space for Federal or State office use)

APPROVED BY *Engl. Sec. [Signature]* TITLE DATE 5-7-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ED-2
10-25-85
P4A