

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
ARTESIA, NM 88210  
SUBMIT IN TRIPLICATE\*  
(Other instructions  
verse side)  
EXPIRES August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.  
LC 054205  
6. 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.)

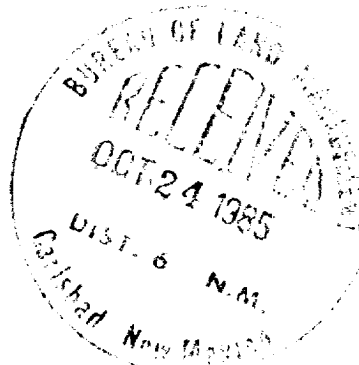
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR ARCO Oil and Gas Company Division of Atlantic Richfield Company	3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 986' FNL & 1648' FEL (Unit B)	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME West Red Lake Unit	9. WELL NO. 22	10. FIELD AND POOL OR WILDCAT Red Lake Grayburg SA	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 8-18S-27E	12. COUNTY OR PARISH Eddy	13. STATE N.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Unknown									

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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 10/10/85. POH w/rods & pump. POH w/tbg. NU BOP.
2. TIH w/csg scraper to 1033'. RIH w/FBRC to 1000', press 5 1/2" x 2-7/8" annulus to 100#.  
Hole in 5 1/2" csg @ surface, POH.
3. RIH w/2-7/8" tbg OE, tagged @ 1192'. Spotted 50 sx Cl H Neat cmt, PU to 1091'. RO 19  
sx cmt. ND BOP.
4. PU on 5 1/2" csg & parted. POH w/20 jts 5 1/2" csg.
5. RIH w/2-7/8" tbg OE, tagged cmt @ 1108'.
6. Cmtd 1108' to surface w/200 sx Cl H Neat cmt.
7. Installed regulation dry hole marker, cleaned & levelled location.  
Well P&A eff: 10/12/85. Final Report.



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

SIGNED *[Signature]*

TITLE Dist Drlg Supv.

DATE 10/23/85

(This space for Federal or State office use)

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 5-7-86

\*See Instructions on Reverse Side

Post FD-2  
11-8-85  
P&A