

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructio.
verse side)

DATE*
ON RE

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 067858

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 ☒ GAS WELL ☐ OTHER ☐

RECEIVED

2. NAME OF OPERATOR

ARCO OIL AND GAS COMPANY

NOV 20 '89

3. ADDRESS OF OPERATOR

BOX 1710, HOBBS, NEW MEXICO 88240

O. C. D.
ARTESIA, OFFICE

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

1650' FNL and 1980' FWL (Unit Letter F)

14. PERMIT NO.

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

3589' RDB

11-18S-27E

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) CASING INTEGRITY TEST

XX

(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.)

On 1/30/76 a CIBP was set at 5900'

Procedure:

1. Notify BLM and NMOCD 24 hrs prior to testing casing.
2. The casing will be filled with fluid and pressure tested to 500 psi for 15 minutes with a 10% allowable for leak-off (I.E. 450 psi).
3. Submit a subsequent report on Sundry Notice w/chart attached.

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

SIGNED

TITLE Services Supervisor

DATE 10/27/89

(This space for Federal or State office use)

APPROVED BY

TITLE PETROLEUM ENGINEER

DATE 11-13 89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side