

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

LC-029395-B
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW	2. NAME OF OPERATOR ARCO Oil and Gas Company Div. 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 660' FEL & 1980' FNL (Unit letter H)	5. FIELD AND POOL, OR WILDCAT Grayburg Jackson	6. COUNTY OR PARISH Eddy	7. STATE N.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3763' GR	16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Shut In

(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.) *

This well was shut in effective 8/16/86 by closing the master valve. Well was shut in to evaluate the Russell Turner Waterflood. Permission was received from Mr. R. L. Stamets, NMOCD in Santa Fe in his letter of August 1, 1986 to temporarily shut in the well for one year pending engineering evaluation. Final Report.

APPROVED FOR 12 MONTH PERIOD
ENDING 9/3/87

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

SIGNED

TITLE Area Prod. Supt,

DATE 8/21/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 9-3-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side