

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Albuquerque, NM 87100

Form approved.
Budget Bureau No. 1004-0135C/5F
Expires August 31, 1985

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 checked="" type="checkbox"/> WIW	RECEIVED BY MAY 22 1986 O. C. D. ALBUQUERQUE, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC 065014
2. NAME OF OPERATOR ARCO Oil and Gas Company Div. of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.) See also space 17 below.) At surface 1980' FNL & 660' FEL, Unit letter H		8. FARM OR LEASE NAME Max Friess MA WELL NO. 4 9. FIELD AND POOL, OR WILDCAT Grayburg Jackson 10. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 30-17S-31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3616' GR	12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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 COMPLETION <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. Well shut in effective February 12, 1986 pending engineering evaluation. Final Report.

APPROVED FOR 12 MONTH PERIOD
ENDING 5/15/87

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

SIGNED <i>[Signature]</i>	TITLE Area Prod. Supt.	DATE 5/12/86
(This space for Federal or State office use)		
APPROVED BY <i>[Signature]</i>	TITLE	DATE 5-19-86
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side