

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

clsf

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. of Atlantic Richfield Company	8. FARM OR LEASE NAME Hondo "B" Federal
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2086' FNL & 440' FEL - Unit letter H	10. FIELD AND POOL, OR WILDCAT Red Lake Grbg SA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-18S-27E
15. ELEVATIONS (Show whether F. or G. or both) 3563' DF	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

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ARTESIA, OFFICE

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 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 and emptied storage tanks. Well is shut in for evaluation eff 1/01/86. Final Report.

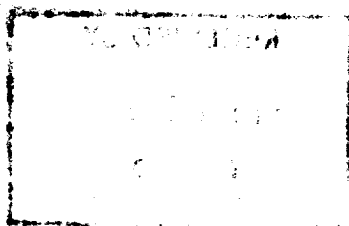
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APPROVED FOR ¹² MONTH PERIOD
ENDING 2/15/87

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

SIGNED <u>J. W. Perry</u>	TITLE <u>Area Prod. Supt.</u>	DATE <u>1/31/86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>2-11-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side



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