

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions
Reverse Side)

Budget Bureau No. 1004-0138
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 025530

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hondo "B" Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Red Lake Grbg SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

4-18S-27E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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 ☐

2. NAME OF OPERATOR

ARCO Oil and Gas Company - Div of Atlantic Richfield Co.

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

2086' FNL & 440' FEL - Unit letter H

14. PERMIT NO.

15. ELEVATIONS (Show whether D, RT, GR, ARTESIA, OFFICE)

3563' DF

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 for evaluation effective 1/01/86. Request extension of approval dated 2/11/86 for 12 month period ending 2/15/87.

APPROVED FOR 12 MONTH PERIOD
ENDING 2/15/87



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

SIGNED

[Signature]

TITLE Area Prod Supt.

DATE 2/4/87

(This space for Federal or State office use)

APPROVED BY

[Signature] Charles S. Dalton

TITLE

DATE

2-9-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side