

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N-M 54184	
2. NAME OF OPERATOR ARCO OIL & GAS COMPANY Division 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 requirements. See also space 17 below.) At surface 1650' FNL & 2110' FWL (Unit letter F)		8. FARM OR LEASE NAME Federal 11	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DE, GR, or ARTESIAN) 3636.8' GR		10. FIELD AND POOL, OR WILDCAT Empire South Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T18S, R28E	
		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 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"/>	REMEDIAL <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.)

TD 10,950'; PB 10,866'; Perfs: 10,721' to 10,765'

2/6/91 TEST LINES OK, START N₂ 10,000 SCF PAD. START ACID 1800 GAL 7½% NEFE w/1,000 SCF N₂, START FLUSH 29BBL 2% KCL w/1,000 SCF N₂. AIR-5.7BBL COMBINED, MAX PSI - 7,000# AVG 4700#, SITP-3200# 15 MIN - 1200#, RD ACID ENGINEERING-RD- TREE SAVERS, START FLOWING WELL. SITP 600 @ 14/64 CHOKE. FLOW BACK 22BBL & DIED. SION (-50 BBL LOAD)

2/7/91 SITP-200# B/D WELL RU SWAB UNIT SWAB TO TANK SWAB & FLOWED 4 BBL WELL ON VAC. TOTAL REC- 26 BBL (-46 LOAD.) SDON

2/8/91 SITP 400# B/D WELL SWAB TO TANK REC. 1 BBL TOTAL REC- 27 BBL (-45 LOAD.) SDON

2/9/91 SITP 900# B/D WELL SWAB TO TANK REC. 1BBL. TOTAL REC- 28 BBL (-44 LOAD.) SDON

2/10/91 SITP 900# B/D WELL SWAB TO TANK REC. 1 BBL. TOTAL REC- 29 BBL (-43 LOAD)

2/11/91 SITP 900# RD SWAB UNIT. RELEASE TEST UNIT

SI PENDING EVALUATION

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

SIGNED James L. Gaylor

TITLE Administrative Supervisor

DATE 2/26/91

(This space for Federal or State office use)

APPROVED BY _____

TITLE Adm.

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side