

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-031186

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mann Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Scoggin Draw, Alaska gas
Red Lake Penn

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

9-18S-27E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

ARCO Oil and Gas Company - Division 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

1880' FNL & 2130' FWL (Unit letter F)

RECEIVED BY

JAN 29 1987

14. PERMIT NO.

30-015-25357

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3578' RKB

A.C.D.
ARTESIA, OFFICE

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) Change in Operator Name Only

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Change in Operator name only from Hondo Oil & Gas Company to ARCO Oil and Gas Company - Division of Atlantic Richfield Company, effective January 01, 1987.

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

SIGNED

William A. Dickens

TITLE Services Supv.

DATE January 22, 1987

(This space for Federal or State office use)

APPROVED BY

William A. Dickens

TITLE

DATE

1-23-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side