	i a	e A Classic	Les A. Clements Supervisor District II				
	Ori	ginal Signed By			9-26-85 SEP 30 1985		
_	+ Moles				9-26-85		
nereby certify that	the information above is	true and complete to the best	of my knowledge and belief.				
3-10-03	rumping well,	warting on load red	Lovery for potential	icsi.			
	water, 38,000# 20/40 sand, 44,000# 12/20 sand. Pumping well, waiting on load recovery for potential test.						
9-17 - 85	2318-20. 28 holes. Acidize with 2000 gallons 15% NEFE. Frac with 60,000 gallons gelled						
9-16-85	Held OK. -85 Perforate Premier Sand @ 2432-6, 2423-6, 2408-13, 2380-6, 2323-5,						
	20 sacks. Plu		C 12 hours. Test c				
9-2-85	Run 2493' of 5 1/2", 17# casing. Cement with 300 sacks Haliburton Lte, 8# salt, 1/4# flocele & 200 sacks Class C, 50/50 POZ, 2% Gel. Circulate						
9-1-85	TD at 9:30 AM. Circulate 1 hour. Logging - Schlumberger DLL, LDT, GR. Circulate 1 hour.						
8-28-85	WOC. 4:15 PM 7 7/8" hole.	TD 2560'	for 30 minutes. H				
0-21-85	casing. Cemen	t with 220 sacks C	l to 350'. Run 337' lass C, 2% CC. Circ				
rk) SEE RULE 1	103.						
, , , , , , , , , , , , , , , , , , , 	or Completed Operations	(Clearly state all pertinent de	tails, and give pertinent dates,	including estimated da	ite of starting any prop		
HER	.		OTHER				
OR ALTER CABING		CHANGE PLANS	CASING TEST AND CEMENT JOB	 -			
ORM REMEDIAL WOR	·	PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OPHS.	5	ALTERING CASING PLUG AND ABANDOHMENT		
И	OTICE OF INTENT	ION TO:	SUBSE	EQUENT REPORT	OF:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Check Approp	N .	Nature of Notice, Repor				
		15. Elevation (Show whether 3643.5 GL	r DF, RT, GR, etc.)	12. County Eddy			
east east	LINE, SECTION	18:	S 28e	имрм.			
	A 330	north	LINE AND	Artesi	la-Qn, Gb, SA		
777 Taylor St., Suite IIA, Fort Worth, TX 76102					md Pool, or Wildcat		
dress of Operator		T. D	7/100	9. Well No.	2		
me of Operator Arch Pet	roleum Inc./			i .	Leuse Name as State		
٠،ر ۳،در 🗓	GAB WELL OTH	CR-		7, Unit Agr	ennient Name		
(DO NOT USE 1		TICES AND REPORTS UT					
OPPRATOR		O. C. D. ARTESIA, OFFICE			3180		
LANCI OFFICE			İ	State 2	Fee [
11.5	VV	SEP 3 0 1985	MEXICO 87501	Sa. Indicate	e Type of Leuse		
DISTRIBUT	ION	RECEIVED BYOUR	O× 2088		Form C-103 Revised 10-		
. N. S. Corres St.	ALS DEFARIMENT		ATION DIVISION				
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