

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OIL AND GAS COMMISSION

SUBMIT IN TRI  
(Other instructio.  
verse side)

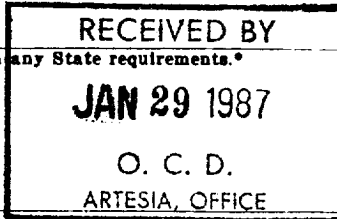
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

ckf

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029389-B	
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. 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 990 2310 660' FNL & 1980' FWL (Unit letter C)		8. FARM OR LEASE NAME Wilmar Federal	
14. PERMIT NO. 30-015-25618		9. WELL NO. 4	
15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3740.8' GL		10. FIELD AND POOL, OR WILDCAT Und N. Shugart Tamano Bone Springs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-18S-31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

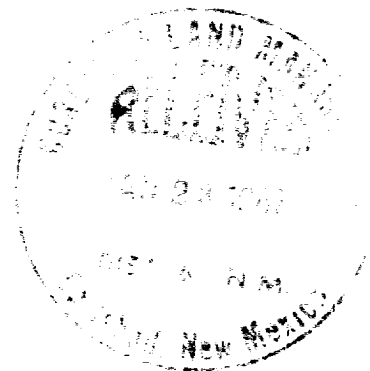


16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) Change in Operator Name only <input checked="" type="checkbox"/>	

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 Charles S. Dutton TITLE Services Supv. DATE January 22, 1987

(This space for Federal or State office use)

Orig: Sgd. Charles S. Dutton

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 1-23-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Post FD-3  
2-13-87  
Chg Op Name