

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction.
See side)

Form approved.
Budget Bureau No. 1004-0134
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 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 810' FSL & 1980' FEL (Unit letter O)		8. FARM OR LEASE NAME Wilmar Federal	
14. PERMIT NO. 30-015-25619		9. WELL NO. 3	
15. ELEVATIONS (Show whether OF, TO, OR, etc.) 3735.5' RKB		10. FIELD AND POOL, OR WILDCAT N. Shugart 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) <u>Change Operator Name only</u> <input checked="" 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.)*			

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 [Signature]

TITLE Services Supv.

DATE January 22, 1987

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE 1-23-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side