

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-68038	
2. NAME OF OPERATOR ARCO Oil and Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702		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 660' FNL & 1980' FEL (Unit Letter B)		8. FARM OR LEASE NAME Atlantic 5 Federal	
14. PERMIT NO. 30-015-25931		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3716.7 GR		10. FIELD AND POOL, OR WILDCAT N. Shugart Bone Springs	
		11. SEC., T., R., N., OR S.E.K. AND SURVEY OR AREA 5-18S-31E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

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"/>	PEEL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) \*

8-2-88 RU PU. Drill out cmt & DV tool @ 5018'. Drld cmt to 8980' PBDT. Press tst to 4500# for 30 min. Perf Wolfcamp f/8901-8930'. Acdz'd w/3000 gals. Swabbed load. Set CIBP @ 8850' & dumped 35' cmt on top. (PBDT 8815').

8-10-88 Perf'd 2nd Bone Springs f/8036-8196'. Acdz w/2000 gals. Swab test. Frac 8036-8196' w/129,500 gals & 250,500# props. Flowed load back.

8-24-88 Run CA. 2-7/8 tbg to 8291'.

8-31-88 Began pumping

9-5-88 In 24 hrs pmpd 62 BO, 31 BW, 108 MCFG.

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

SIGNED Kenneth Goshnell TITLE Engr. Tech 915/688-5672 DATE 9-8-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 8 1988

\*See Instructions on Reverse Side

SJS

CARLOS D. REYES