			RECEN	CISE
Form 3160-5 (June 1990)	DEPARTMEN BUREAU OF L	ED STATES T OF THE INTERIOR AND MANAGEMENT	O. C. D. Abies	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. LC-029393-A
Do not use this	form for proposals to dri	AND REPORTS ON WEL II or to deepen or reentry to PERMIT—" for such prop	o e different reservoir.	6. If Indian, Allottee or Tribe Name
·		IN TRIPLICATE	BELEIVENTE	7. If Unit or CA, Agreement Designation
1. Type of Well Oil Well 2. Name of Operator	Other	Ne Ne	DV 17 1992	8. Well Name and No. Arco 8 Federa] #4
Harvey E. Ya 3. Address and Telephone	tes Company	<u>\3 487</u>	O N.M	9. API Well No. 30-015-27185
P.O. Box 193	3, ROSWETT, N.M. lage, Sec., T., R., M., or Survey De	88202	Now Mathing	10. Field and Pool, or Exploratory Area North Shugart Bone Spring
	' FSL & 1980' FWL		CONS (200	Eddy Co., NM
12. CHECK	APPROPRIATE BOX	s) TO INDICATE NATUR	E OF NOTICE, REPOR	
	F SUBMISSION		TYPE OF ACTION	
Notice of Intent				Change of Plans
Subsequent Report		Recompletion     Plugging Back     Casing Repair		Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice			d & csg jobs	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
13. Describe Proposed or 0 give subsurface lo	Completed Operations (Clearly state al ocations and measured and true vertic	pertinent details, and give pertinent date al depths for all markers and zones pert	s, including estimated date of starting inent to this work.)*	g any proposed work. If well is directionally drilled,
	Spud well @ 10:00	pm 11/10/92		
11/11/92	Cmtd w/375 sks C PD @ 8.15 am 11/3	' 54.5# J55 csg; Se	to pit	
11/14/92	Cmtd w/800 sks C PD @ 12.00 pm 11	0 2100' ' 32# J55 csg; Set   "C" w/2% CaCl2 + 2 /14/92; Circ 277 sk t csg to 1100# for 3	s to pit	۲ CaCl2
1 Starter	the foregoing is true and correct	Teel Title Drlg/Pro	d Analyst	Date _11/16/92
	Lor State of Conta			
Approved by 2004 Conditions of approv	hera ft. Ettal	Title		Date

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