

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions)

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

5. LEASE DESIGNATION AND SERIAL NO

NM-10190

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

East Shugart Unit

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Shugart

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

35-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well in a reserved reservoir.
Use "APPLICATION FOR PERMIT—" for such purposes.)

MAY 29 1986

Q. C. D.

ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR ARCO Oil and Gas Company
Div. of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

380' FNL & 990' FWL, Unit letter D

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3648' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Shut In

(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.)*

On 1/29/86 well produced 1 BO, 1 BW & 0 MCFG.

Pumped 75 bbls corrosion inhibited water down casing, circ well 5 hrs. Shut tubing in, left casing open. Well shut in 5/6/86 pending engineering evaluation. Final Report.

APPROVED FOR 12 MONTH PERIOD
ENDING 5/29/87

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

SIGNED

TITLE Area Prod. Supt.

DATE 5/14/86

(This space for Federal or State office use)

Orig: Sgd. Charles S. ...

APPROVED BY

TITLE

DATE

5-27-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side