

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

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re-

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

C/SF

SUNDRY NOTICES AND REPORTS RECEIVED BY

(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.)

MAY 29 1986

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  
2310' FNL & 2310' FEL (Unit letter B)

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3646' CTF

5. LEASE DESIGNATION AND SERIAL NO.  
NM-10191

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
East Shugart Unit

9. WELL NO.  
10

10. FIELD AND POOL, OR WILDCAT  
Shugart-Y-SR-B-G

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
35-18S-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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

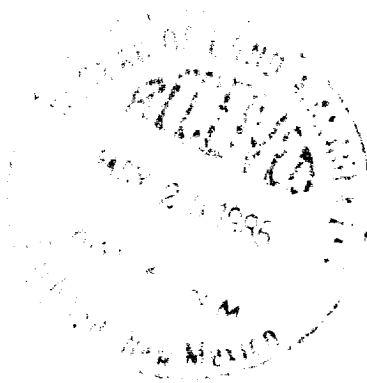
WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)		Shut In	<input checked="" type="checkbox"/>

(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.)\*

On 4/16/86 well produced 1 BO, 16 BW & 1 MCFG. Circulated well w/45 bbls corrosion inhibited water, shut in tubing, left casing open. Well shut in effective 5/6/86 pending evaluation. Final Report.

APPROVED FOR 12 MONTH PERIOD  
ENDING 5/20/87



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

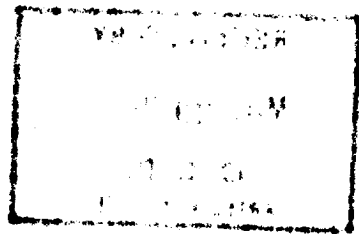
SIGNED J. V. May TITLE Area Prod Supt. DATE 5/16/86

(This space for Federal or State office use)

APPROVED BY Orig. Sp. Prod. Supt. TITLE  DATE 5-27-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



RECEIVED  
FEBRUARY 1964