

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR ARCO OIL & GAS COMPANY		8. FARM OR LEASE NAME BAISH FED	
3. ADDRESS OF OPERATOR P. O. BOX 1710, HOBBS, NM 88240		9. WELL NO. 2	
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 B)		10. FIELD AND POOL, OR WILDCAT N. SHUGART BONE SPRING	
14. PERMIT NO. 30-015-25728		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3717.4	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-18S-31E	
		12. COUNTY OR PARISH EDDY	
		13. STATE NM	

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O. C. D.
ARTESIA, OFFICE

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)	<input type="checkbox"/>		<input type="checkbox"/>

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)	<input checked="" type="checkbox"/> ADDITIONAL PERFS		<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.) *

11-28-88 MIMU POH w/CA
11-29-88 SET RBP @ 7951.76 CIR HOLE CLEAN & TEST ABP TO 1000#
11-30-88 SPOT ACID 7775-7875 PERF 7835-54 2/2 JSPF w/38 - .42" HOLES
ACIDIZE 7835-54 w/4200 GAL 7 1/2% NEFE
12-01-88 SWABBED 53 BW & 5 BNO
12-02-88 ACIDIZE PERFS 7835-54 w/2000 GAL 15% NEFE USING BALL SEALERS
12-03-88 SWABBED 69 BW & 9 BNO
12-06-88 POH w/WS & RBP
12-07-88 RIH w/CA SET @ 8703.30
12-12-88 IN 24 HRS PMPD 52 BO, 12 BW, & 90 MCFG @ 9-144" SPM

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

SIGNED James E. [Signature]

TITLE Services Supervisor

DATE 12-13-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 28 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO