

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-029389-(C)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
ARCO Oil and Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 1610, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 660' FSL & 1908' FWL (Unit Letter N)
1980' (SJS)

14. PERMIT NO
30-015-25953

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3686.6 GR

RECEIVED
JAN 16 '89
O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Paton "B" Fed.

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Undesignated Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-18S-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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Spud <input checked="" type="checkbox"/>

(Other) _____

(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.)*

Spud 17-1/2" hole 11-9-88. TD'd at 418'. Ran 13-3/8", 54.5#, J-55 csg to 418' & cmt'd w/425 sx "C" w/2% CC. Circ cmt. WOC 18 hrs. Press test csg to 1000# for 30 min. Drld ahead w/11" bit.

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

SIGNED Ken W. Gosnell TITLE Engr. Tech. Spec. DATE 12-27-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SJS

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE JAN 9 1989

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO