

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
69210

SUBMIT IN TRIPLICATE
(Other instruction
reverse side)

DATE

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

LEASE DESIGNATION AND SERIAL

LC-029389-(C)

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Paton "B" Fed.

WELL NO.

1

FIELD AND POOL OR WILDCAT

Undesignated Morrow

SEC., T., R., M., OR BLK. AND

SURVEY OR AREA

9-18S-31E

COUNTY OR PARISH STATE

Eddy

NM

OIL WELL GAS WELL OTHER

NAME OF OPERATOR

ARCO Oil and Gas Company

ADDRESS OF OPERATOR

P. O. Box 1610, Midland, Texas 79702

RECEIVED

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below

At surface

MAR 03 '89

660 FSL & 1980 FWL (Unit Letter N)

PERMIT NO

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

O. C. D.
ARTESIAN, CIRCLE

30-015-25953

3706 RKB

3686.6 GR

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

BUILD OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Amended Report

X

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.

Form 3160-5 for subject well dated 1-24-89 is to be amended to show the depth of the DV tool to be 9000 ft.

RECEIVED
FEB 16 11 17 AM '89
CARLSBAD AREA OFFICE

I hereby certify that the foregoing is true and correct

915-688-5672

SIGNED Ken W. Gosnell

TITLE Engr. Tech. Spec.

DATE 2-15-89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 24 1989

*See Instructions on Reverse Side

SOS
CARLSBAD, NEW MEXICO