

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL
NM-2938

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gandhi Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Undesignated Wildcat

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

24-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

990 FNL & 330 FWL

14. PERMIT NO.

30-015-26243

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

3698.7 GR

RECEIVED
JAN 12 '90
A.C.D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 and 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.)

This well is currently being drilled. As of 6:00 am 1-8-90, total depth was 9355. Due to geological data found to date, propose to extend final total depth from 9900' to 10,100'

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

SIGNED

Ken W. Gosnell

TITLE

915-688-5672

Engr. Tech. Spec.

DATE

1-9-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

1-10-90

*See Instructions on Reverse Side