| 2. NAME OF OFERATOR ARCO 011 and Gas Company - Div of | 8. PARM OR LEASE NAME |
|--|--|
| 3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 4. LOCATION OF WELL (Report location clearly and in acc See also space 17 below.) At surface 1930' FNL & 2080' FEL - Unit lett | er G 10. FIELD AND POOL, OR WILDCAT Undian Basin Upper Per 11. BEC., T., B., M., OR BLE. AND SURVEY OR ARMA |
| - | |
| | Show whether DF, BT, GR, etc.) 12. COUNTY OF PARISH 13. STATE L2' DF Eddy N.M. |

(Other)

BHOOT OR ACIDIZE

REPAIR WELL

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 sones pertinent to this work.) *

ABANDON*

CHANGE PLANE

SHOOTING OR ACIDIZING

(Other)

<u>Shut-In</u>

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

ABANDONMENT*

Х

Well has been temporarily shut in by the gas purchaser due to excessive water carryover into their gathering system, Last produced 11/12/85, SI pending engineering evaluation. Final Report,

| | | | | J£ | CEIVED BY N 2 n 1986 O. C. D. RTESIA, OFFICE | | • |
|---|---------|------|-------|-------|---|-----------------|----------------------|
| | | | | | | | : |
| 18. I hereby certify that the foregoing is true and correct SIGNEDAug | TITLE _ | Area | Prod, | Supt, | F | ATE | ² 1/15/86 |
| (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY : | TITLE . | | | | I |)&TE | |

*See Instructions on Reverse Side

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