

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
111 1st St
Artesia, NM 87003-2884
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
CISF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 22080
2. Name of Operator ARCO Permian	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1610, Midland, TX 79702 915-688-5570	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC. 12-23S-31E, EDDY COUNTY, NEW MEXICO <i>666/N 2055/W W.C.</i>	8. Well Name and No. BARCLAY FEDERAL 12
	9. API Well No. 30-015-29828
	10. Field and Pool, or exploratory Area LIVINGSTON RIDGE (DEL)
	11. County or Parish, State EDDY NM

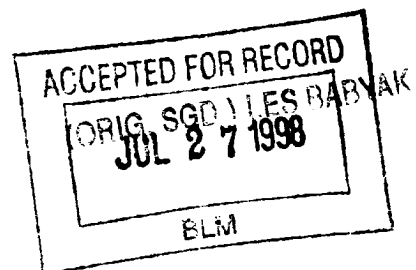
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other SET CASING	<input type="checkbox"/> Dispose Water

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

13. 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.)*

7-5-98 - SET 8-5/8" CSG @ 4473 W/1500 SX CLASS C CMT. WOC 20 HRS.
TOC @ 1224'TS.



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

Signed *James Chis* Title REG./COMP. ASSISTANT Date 7/7/98

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: