Form 3160-5 (June 1990)	UNITED STAT DEPARTMENT OF THI BUREAU OF LAND MA	E INTERIOR	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not use this form for pr	Y NOTICES AND REPOR oposals to drill or to deep LICATION FOR PERMIT	pen or reentry to a different reservoir.	NM22080 6. If Indian, Allottee or Tribe Name
	SUBMIT IN TRIP		7. If Unit or CA, Agreement Designation
1. Type of Well Oil Gas Well Well Ott 2. Name of Operator	her		8. Well Name and No. Barclay Federal 13
ARCO Permian 3. Address and Telephone No. P.O. Box 1089. Eunice 4. Location of Well (Footage, Sec., T. H, Sec. 12-23S-31E 1980' FNL & 760' FEL		505-394-1649 505-394-1649	9. API Well No. 30-015-30090 10. Field and Pool, or exploratory Area S. Livingston Ridge Delaware 11. County or Parish, State
	PRIATE BOX(s) TO IN	DICATE NATURE OF NOTICE, REPO	Eddy NM
TYPE OF SUBMISSI		TYPE OF ACTI	······································
Notice of Intent	t Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other <u>NW Completion</u>	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface locations and TD: 8450' PBD: 8399 09/11/98: Perf 8138-4 water w/47 09/15/98: Perf 7027-1 1000 15% H & 10,000# 09/16/98: Perf 6456-4 25,500# 16 acid & 5304 Perf 6188-4 w/17,500# 10# Linear	measured and true vertical depths for 5' PERFS: 6188-8232' 8232. Frac w/2000 gal ,000# 16/30 white & 10 7173. Frac w/1000 gal CL & 5800 gals 10# Lin 16/30 resin coated san 5462'. Frac w/1000 ga /30 white sand & 5000# 0 gals 10# Linear gel. 5194'. Frac w/1000 ga 16/30 white sand & 500 gel.	r all markers and zones pertiment to this work.)* (s 15% HCL & 31,900 gals gelled fr),000# resin sand. (s 15% HCL & 44,000 gals Viking I- hear gel flush w/100,000# 16/30 wh nd. 15 % HCL & 12,000 gals Viking 16/30 resin sand. Flush w/1000	-30 w/ nite sand I-30 w/ gals ng I-30 50 gals
14. I hereby certify that the foregoing	is true and correct	The Administrative Assistant"	

Signed Aller A. Manual		Date
(This space for Federal or State office use)	Avut	
Approved by	- Till OHIG SAD DAVID R. GLASS	Date
Conditions of approval, if any:	OFIG. SAR. Davis J. GLISS	
Title 18 U.S.C. Section 1001, makes it a crime for any person knowin or representations as to any matter within its jurisdiction.	gly and willfully to make to any department or agency of the Unit	ted States any false, fictitious or fraudulent statements



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