

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL		5. LEASE DESIGNATION AND SERIAL NO. NM 04075
2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA
3. ADDRESS OF OPERATOR P.O. Box 5540, Denver, Colorado 80217		7. UNIT AGREEMENT NAME Hill
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 1780' FEL		8. FARM OR LEASE NAME ARCO Hill
14. PERMIT NO. 30-039-23838		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7333' GL		10. FIELD AND POOL, OR WILDCAT W.Lindrith-Gallup/Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-25N-3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perf, acidize and frac</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 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.)*

MIRU CU 10-1-85. Tag cement @ 5034'. Drilled. Circulate clean. Ran CBL. Perf'd Dakota "C" with 1 SPF from 8156'-8190'. Pumped 2000 gals acid and 51 ball sealers. Frac'd Dakota "C" 8156'-8190' with 76,500 gals and 105,000# 20/40 mesh sand. Perf'd Lower Gallup 7250'-7314' and 7318'-7328' with 1 SP2F and 7334'-7366' with 1 SP4F. Acidize with 93 bbls acid and 68 ball sealers. Frac'd Lower Gallup with 86,180 gals gel water and 80,210# 20/40 mesh sand. Set CIBP @ 7230'. Perf'd Upper Gallup 7090'-7104' and 7116'-7138' with 1 SP4F, 7146'-7150' with 1 SPF and 7150'-7204' with 1 SP4F. Spot acid from 7210'-7031'. Acidize with 3000 gals acid and 45 ball sealers. Frac'd Upper Gallup with 61,000 gals and 87,000# 20/40 mesh sand. Drilled CIBP. Co to 8313'. Swabbed. Land 2-7/8" tubing @ 8188'. Swabbed. Flowed.

Released rig 11-7-85.

Waiting on final test.

RECEIVED

FEB 07 1986

ON COM

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

SIGNED K.E. Baum TITLE Acting District Drilling Superintendent DATE 2-3-86
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

