

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-1
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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 FARMINGTON RESOURCE AREA See also space 17 below.) At surface 990 FSL & 1850 FWL (Unit Letter N)	5. LEASE DESIGNATION AND SERIAL NO NM 04075	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Gardner	9. WELL NO. 13-1	10. FIELD AND POOL, OR WILDCAT Gavilon Gallup/Dakota	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-25N-3W	12. COUNTY OR PARISH Rio Arriba	13. STATE NM
14. PERMIT NO 30-039-24072	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7223 GR											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Prod csg, Cmt, Perf, Treat <input checked="" 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.) *

TD'd 8-3/4" hole 6:45 PM 10-29-86 @ 8170'. Run OH logs. Ran 5-1/2" 23# P110 ABFL4S csg & set @ 8170' w/DV tool @ 5862' & 3585'. Cmt'd first stage w/645 sx, 2nd stage w/ 575 sx, 3rd stage w/730 sx. Did not circ cmt on any stage. TS indicate TOC on 3rd stage @ 1550'. RR @ 8:00 AM 11-2-86.

11-12-86 RUPU.
11-13-86 DO cmt & DV tools. FC to 8164.
11-14-86 Ran CBL/VDL/GR/CCL f/8160-5400'. Est TOC on 1st stage @ 6000'. Press test 5-1/2" csg to 5000# OK. Perf Dakota "C" f/8104-8134'.
11-18-86 Acdzd Dakota "C" 8104-8134' w/2500 gals. Frac w/81,900 gals, 110,000# sd & 25,350# ceramic propanit.
11-23-86 Set pkr @ 8022'. Flow & swab load.
11-25-86 Ran 2-7/8" CA to 8083'. Install pumping equipment.
12-8-86 In 24 hrs pmpd 30 BO & 50 BW

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

SIGNED Ken W. Gosnell

915-688-5672
TITLE Engr. Tech. Spec.

DATE 12-10-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

DEC 16 1986

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY EGB