

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. SE-080472-A	
2. NAME OF OPERATOR ARCO Oil & Gas Co., Division of Atlantic Richfield Co.		6. IF INDIAN, ALLEGES OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401		7. FIRST ASSIGNMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1130' FNL & 330' FEL		8. FARM OR LEASE NAME Tonkin Federal	
14. PERMIT NO. 30-039-24096		9. WELL NO. 6	
15. ELEVATIONS (Show whether OF, BT, OR, etc.) 6864' GL		10. FIELD AND POOL, OR WILDCAT W.Lindrith Gallup/Dakota	
		11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 18, T-24N, R-3W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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 PLANE <input type="checkbox"/>	(Other) <u>Reserve Pit Reclamation</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 PROMISED 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.) *

ARCO Oil and Gas Company reports that the reserve pit has been reclaimed as per the approved procedure. The final well site reclamation will be completed when ARCO Oil and Gas receives permission from the landowner to reseed.

RECEIVED
OIL CON. DIV.
DIST. 3

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

SIGNED Mrs. F. H.

TITLE Production Supervisor

DATE 12/7/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

JAN 26 1988
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY CR

*See Instructions on Reverse Side

