

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-1343
2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allottee
3. ADDRESS OF OPERATOR P.O. Box 5540, Denver, Colorado 80217		7. UNIT AGREEMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1620' FSL & 860' FEL		8. FARM OR LEASE NAME Navajo Allotted Com
14. PERMIT NO. 30-045-26276		9. WELL NO. 1E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6709' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24-25N-10W
		12. COUNTY OR PARISH San Juan
		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>Production Casing</u> <input checked="" type="checkbox"/>	

(Other) _____

(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.) *

5394 Drilled and surveyed ahead to 6700' TD. Logged. RU and ran 5-1/2", 17#, L-80 & K-55, LTC casing and set @ 6700'. DV @ 4590'. Cemented as follows: 15 bbls mud flush + 310 sx lite cement + 6% gel + 6# hiseal + .5 CF2 (1.74 cuft/sx) and 300 sx Class "B" + 1% CaCl₂ (1.18 cuft/sx) - total of 893.4 cuft. Displaced with 60 bbls fresh water and 96 bbls mud. Bumped plug. Full returns while cementing. Floats held. Opened DV tool. Circled approximately 30 bbls cement to pit. Second stage cemented with 1350 sx lite + 3#/sx hiseal + 5% salt (1.69 cuft/sx) and 100 sx Class "B" + 2% CaCl₂ (1.18 cuft/sx) - total 2399.5 cuft. Displaced with 106 bbls water. Closed DV tool - held OK. Displaced 100 bbls cement to pit. Good returns.

Released rig 4-12-85.

Waiting on completion.

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

SIGNED L.B. Morse / sy
L.B. Morse

TITLE Operations Manager

DATE 4-15-85

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC