

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

12/15/88

5. LEASE DESIGNATION AND SERIAL NO.

SF 078476

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> OTHER
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  Unit E 1644' FNL & 800' FWL
14. PERMIT NO.
15. ELEVATIONS (Show whether BP, ST, GR, etc.) 5979' GL

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Oxnard A WN Fed.
9. WELL NO. 4
10. FIELD AND POOL, OR WILDCAT Blanco PC South
11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 14, T-27N, R-8W
12. COUNTY OR PARISH San Juan
13. STATE NM

16. 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) Well Activation	<input checked="" 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"/>		

(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.)

This is advise you that gas sales have resumed on the above well following a shut-in in excess of 90 days. Gas sales were resumed 12/15/88. The well was shut in over 90 days due to overproduction of allowable.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 12/15/88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DEC 30 1988

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side