

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 ☒ GAS WELL

2. NAME OF OPERATOR  
ARCO Oil and Gas Company, Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR  
P.O. Box 5540, Denver, Colorado 80217

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
790' FNL & 1410' FEL

5. LEASE DESIGNATION AND SERIAL NO.  
SF 078480

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Hammond

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
34-27N-8W

14. PERMIT NO.  
30-045-26592

15. ELEVATIONS (Show whether on, at, or below ground)  
6281' GL  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCCL 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 checked="" type="checkbox"/>
(Other) <u>Perf, acidize and frac</u>	

(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 12-5-85. Drilled cement. CO to 4768' PB. Ran CBL. Perf'd Mesaverde 4692'-4708' and 4620'-4658' with 1 SPF. Set packer. Swabbed. Spot 4 bbls acid from 4730'-4560'. Acidized with 2500 gals 15% HCL + 72 ball sealers. Frac'd Mesaverde using 52,700 gals fluid + 24,616# 10/20 mesh sand. CO. Swabbed. Perf'd Mesaverde 4658'-4692' with 1 SP47. CO. Frac'd Mesaverde 4620'-4708' using 104,878 gals fluid + 8000# 100 mesh sand, 86,000# 20/40 mesh sand and 19,410# 10/20 mesh sand. CO sand. Swabbed. Landed 2-3/8" tubing @ 4599'. Swabbed.

Released rig 12-19-85.

WO final test.

I hereby certify that the foregoing is true and correct

SIGNED K.E. Baum / Asst  
K.E. Baum  
(This space for Federal or State office use)

TITLE Acting District Drilling Superintendent DATE 2-4-86

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*See Instructions on Reverse Side