

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires September 10, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

| | |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. TYPE OF WELL <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | 5. LEASE DESIGNATION AND SERIAL NO. SF 078863 |
| 2. NAME OF OPERATOR ARCO Oil & Gas Company | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS AND TELEPHONE NO. P.O. Box 1610, Midland, TX 79702 (915) 688-5672 | 7. IF UNIT OR CA, AGREEMENT DESIGNATION |
| 4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 1520 FSL & 1520 FEL (Unit Letter J) 29-28N-11W | 8. WELL NAME AND NO. Krause V/N Fed #6E |
| | 9. API WELL NO. 30-045-24215 |
| | 10. FIELD AND POOL, OR EXPLORATORY AREA Basin Dakota |
| | 11. COUNTY OR PARISH, STATE San Juan |

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> NOTICE OF INTENT | <input checked="" type="checkbox"/> ABANDONMENT |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT | <input type="checkbox"/> RECOMPLETION |
| <input type="checkbox"/> FINAL ABANDONMENT NOTICE | <input type="checkbox"/> PLUGGING BACK |
| | <input type="checkbox"/> CASING REPAIR |
| | <input type="checkbox"/> ALTERING CASING |
| | <input type="checkbox"/> Other |
| | <input type="checkbox"/> CHANGE OF PLANS |
| | <input type="checkbox"/> NEW CONSTRUCTION |
| | <input type="checkbox"/> NON-ROUTINE FRACTURING |
| | <input type="checkbox"/> WATER SHUT-OFF |
| | <input type="checkbox"/> CONVERSION TO INJECTION |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

3. 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.)

8-17-92. RUPU. POH w/CA. Plug & Abandoned as follows:

| Plug | Interval | Cmt | Remarks |
|------|-----------|-------|-----------------------------------------|
| 1 | 5985-6247 | 20 sx | Set CR at 6085 w/8 sx on top. |
| 2 | 5083-5283 | 15 sx | Spot |
| 3 | 3070-3258 | 55 sx | Perf at 3258. CR at 3170 w/8 sx on top. |
| 4 | 2456-2630 | 55 sx | Perf at 2630. CR at 2556 w/8 sx on top. |
| 5 | 1284-1684 | 30 sx | Spot |
| 6 | 0-816 | 63 sx | Spot |

9#/gal - 50 vis mud between all plugs. All cmt 15.6#, 1.18 yld. Cut off wellhead & installed dry hole marker.

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

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

SIGNED

Kenneth L. Gossnell

TITLE

Regulatory Coordinator

DATE

9-11-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY:

APPROVED

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

* See Instructions on Reverse Side

NMOGD

AREA MANAGER