UNITED STATES

5.	LEASE	
		NM-0546/
6.	IF INDI	AN, ALLOTTEE OR TRIBE NAME

DEPARTMENT OF THE INTERIOR	NM-0546/
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas X other	Maddox WN Federal
Well — Well Other	9. WELL NO.
2. NAME OF OPERATOR ARCO Oil and Gas Co., a	10. FIELD OR WILDCAT NAME
Div. of Atlantic Richfield Company 3. ADDRESS OF OPERATOR 707 - 17th Street,	Basin Dakota
P.O. Box 5540, Denver, Colo. 80217	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) Unit "H",	Sec. 13-30N-13W
AT SURFACE: 1650' FNL & 990' FEL, Sec. 13	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Appx. same AT TOTAL DEPTH: Appx. same	San Juan New Mexico
AT TOTAL DEPTH: Appx. same	API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA	12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 5921' SURVEY N(NOTE: Report results of multiple completion or zone change on Form 9–330.)
REQUEST FOR APPROVAL TO: SUBSEQUENT PEOPL OF:	22
TEST WATER SHUT-OFF	SURVEY N-(NOTE: Report results of multiple completion or zone change on Form 9–330.)
SHOOT OR ACIDIZE	SURVEY
REPAIR WELL	NYNOTE: Report results of multiple completion or zone
PULL OR ALTER CASING [] GEOLOGY	change on Form 9–330.)
MULTIPLE COMPLETE	
(other) X-Restore Well	l to Production
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statistical including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine ARCO completed workover, 9/20/82 (see Workover)	nt to this work.)* ckover History attached).
After testing, well was ready to produce	2, 10-5-82.
Well is presently shut-in, waiting on co	NOV241982
	DIST. 30M.
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	
SIGNED THE Commens TITLE Dist. Prod. S	Supt. DATE November 8, 1982
FOR S. C. ROSE (This space for Federal or State of	office use)
ACCEPTED FOR RECORD	DATE
CONDITIONS OF APPROVAL IF ANY:	

NOV 23 1982

NMOOC"