

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 0546	
2. NAME OF OPERATOR ARCO Oil and Gas Company, Division of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
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 1190' FSL & 790' FEL		8. FARM OR LEASE NAME Maddox WN Federal	
14. PERMIT NO.		9. WELL NO. 1 E	
15. ELEVATIONS (Show whether on or above sea level) 5884' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota - Dakota	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-30N-13W	
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.)		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) SPUD AND SURFACE CASING	<input checked="" 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.)			

MI RU Arapahoe Rig #4. SPUD 12 1/4" hole @ 1800 hrs 12-4-85.
Drilled ahead to 504'. RU and ran 12 jts 8-5/8" 24#, K-55,
STC casing and set @ 504'KB. Cemented with 350 sx Class "B"
+ 1/2#/sx floseal + 2% CaCl₂ (yield - 1.18 cuft/sx). Circled
20 sx cement to surface. NU BOP and pressure test to 3000 psi
- held OK. Tested casing to 600 psi - held OK. Drilled cement
and drilling ahead 12-7-85.

RECEIVED
DEC 19 1985
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>J.M. McCarthy / rj</u>	TITLE <u>District Drilling Superintendent</u>	DATE <u>12-12-85</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC