

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLI
(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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR ARCO OIL & GAS COMPANY Division of Atlantic Richfield Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 1710 Hobbs, New Mexico 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit J 1980' FEL & 1980' FEL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC - 032573 B</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Elliott B-6</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT Penrose Skelly GB</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6, T22S, R37E</p> <p>12. COUNTY OR PARISH 13. STATE Lea NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3453' GL</p>	

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Test Casing</u> <input checked="" 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.)*

Spud	10-19-37		
TD	3796'		
Surface Casing	10 3/4"	32.75#	301'
Int. Casing	7 5/8"	26.4#	1158'
OH	3417' - 3796'		
Prod. Casing	5 1/2"		3417'

5-25-88 MIRU, POH w/rods & pump laying down. SION

5-26-88 ND Wellhead, NU BOP, POH w/tbg. RIH w/packer to 3378', Press to 500# held OK. POH w/tbg laying down Rig down

CHART ATTACHED

Test witnessed by Jack Johnson w/BLM

RECEIVED
 JUN 3 11 03 AM '88
 CARLSBAD AREA OFFICE

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

SIGNED [Signature] TITLE Services Supv. DATE 5-31,88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTHS

ENDING 6/8/88 → 89 *See Instructions on Reverse Side

ACCEPTED FOR RECORD

JUN 8 1988

SJS
CARLSBAD, NEW MEXICO

RECEIVED

JUN 1 1923

6-1
HOBBS OFFICE

