

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

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0137

Expires: February 28, 1995

5. LEASE DESIGNATION AND SERIAL NO.

NM-22080

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME, WELL NO.

BARCLAY FEDERAL 20

9. API WELL NO.

30-015-30821

10. FIELD AND POOL, OR WILDCAT

LIVINGSTON RIDGE (DEL)

11. SEC., T., R., M., OR BLK AND SURVEY OR AREA

1-23S-31E

12. COUNTY OR PARISH

EDDY

13. STATE

NM

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR

ARCO Permian

3. ADDRESS AND TELEPHONE NO.

P.O. Box 1610, Midland, TX 79702 915-688-5532

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface
660' FSL, 660' FEL
At top prod. interval reported below

At total depth

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 12-3-99

16. DATE T.D. REACHED 12-17-99

17. DATE COMPL. (Ready to prod.) 1-6-00

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 3506'

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 8490

21. PLUG, BACK T.D., MD & TVD 8388

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY
→

ROTARY TOOLS X

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION - TOP, BOTTOM, NAME (MD AND TVD)*

SEE ATTACHED

25. WAS DIRECTIONAL SURVEY MADE
N

26. TYPE ELECTRIC AND OTHER LOGS RUN

CPN-GR, GR

27. WAS WELL CORED

N

28. CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
13-3/8	48	860	17-1/2	CIRC	NA
8-5/8	32	4466	11	CIRC	NA
5-1/2	17	8490'	7-7/8	2850' TS	NA

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8	7883	

31. PERFORATION RECORD (Interval, size and number)

SEE ATTACHED

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
SEE ATTACHED	

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping - size and type of pump) PUMPING WELL STATUS (Producing or shut-in) PRODUCING

DATE OF TEST 1/11/00 HOURS TESTED 24 CHOKER SIZE _____ PROD'N FOR TEST PERIOD → OIL - BBL 180 GAS - MCF 114 WATER - BBL 575 GAS - OIL RATIO 633

FLOW. TUBING PRESS. 325 CASING PRESSURE 180 CALCULATED 24-HOUR RATE → OIL - BBL _____ GAS - MCF _____ WATER - BBL _____ OIL GRAVITY - API (CORR.) 36.6

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

SOLD

TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Laurie Chewy

TITLE REGULATORY COMPLIANCE

DATE 1/13/00

*(See Instructions and Spaces for Additional Data on Reverse Side)

**UNITED STATES
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BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM APPROVED
Budget Bureau No. 1004-0135
Expires November 30 2000

5. Lease Serial No.
NM-22080

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
BARCLAY FEDERAL 20

2. Name of Operator
ARCO Permian

9. API Well No.
015-30821

3a. Address
P.O. BOX 1610, MIDLAND, TX 79702

3b. Phone No. (include area code)
915-688-5532

10. Field and Pool, or Exploratory Area
LIVINGSTON RIDGE (DEL)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1800' FSL, 1720' FEL
SEC 1, T23S, R31E**

11. County or Parish, State
EDDY NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> Fracture Treat <input type="checkbox"/> Reclamation <input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair <input type="checkbox"/> New Construction <input type="checkbox"/> Recomplete <input type="checkbox"/> Other SPUD AND SET
	<input type="checkbox"/> Change Plans <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon CASING
	<input type="checkbox"/> Convert to Injection <input type="checkbox"/> Plug Back <input type="checkbox"/> Water Disposal

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplate in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

- 12-3-99 - MIRU SPUD 17-1/2" HOLE. DRILL FROM 40' TO 350'.
- 12-5-99 - SET 13-3/8" 48# H-40 CASING @ 860 W/500 SX 35:65:6 CEMENT AND 200 SX "C". CIRC. 200 SX TO PIT. WOC 18 HRS.
- 12-11-99 - SET 8-5/8" 32# J-55 CASING @ 4466 W/1035 SX 35/65/6 CMT AND 200 SX CLASS "C" CEMENT. CIRC. 400 SX TO PIT. WOC 19 HRS.
- 12-19-99 - SET 5-1/2" 17# J-55 CASING @ 8490' W/500 SX 35/65/6 CMT AND 400 SX "H" CEMENT. TOC 2850' TS.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed) _____ Title **REG./COMP. ASSISTANT**

Laurie Cherry _____ Date **12/28/99**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office _____

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.

**BARCLAY FEDERAL LEASE
EDDY COUNTY, NEW MEXICO**

WORKING INTEREST OWNERS

Atlantic Richfield Company	100%
P. O. Box 1610	
Midland, Texas 79702	