

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LasCruces 029435(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL GAS WELL OTHER Injection

2. NAME OF OPERATOR
ARCO Oil & Gas Company

3. ADDRESS OF OPERATOR
P.O. Box 1610, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1980 FSL & 660 FEL (Unit I)

RECEIVED BY
MAY 12 1986
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
J.L. Keel "B"

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

5-17S-31E

14. PERMIT NO.

30-015-05080

15. ELEVATIONS (Show whether depth, gr., etc.)

3895 GR

12. COUNTY OR PARISH

Eddy

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)

Propose to P & A as follows:

PLUG	INTERVAL	CMT	
1.	2950-3090	20 sx	CIBP @3090 W/140' cmt (perfs 3140-3756)
2.	1925-2075	20 sx	(Seven Rivers)
3.	1280-1380	20sx	(B-Salt)
4.	0- 689 600'	170 sx	Perfs @689. Cmt inside and outside 7" csg. (T-salt, csg shoe, surf plug.)

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

915/688-5672

SIGNED Ken W Gosnell

TITLE Engr. Tech. Spec

DATE 5-6-86

(This space for Federal or State office use)

APPROVED BY R. St. Ritschke

TITLE

DATE 5-8-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

It is a crime for any person knowingly and willfully to make to any department or agency of the United States or fraudulent statements or representations as to any matter within its jurisdiction.