

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-0428657
2. Name of Operator PARKER & PARSLEY DEVELOPMENT CO.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. BOX 3178 MIDLAND, TEXAS 79702	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SL 1010' FSL & 1980' FWL at surface Unit N Sec. 34, 19S, 28E BHL 534.15' FSL & 2038.64' FWL Sec. 34, 19S, 28E	8. Well Name and No. ARCO FEDERAL NO. 2
	9. API Well No. 30-015-28095
	10. Field and Pool or Exploratory Area OLD MILLMAN RANCH (BONE SPRING)
	11. County or Parish, State EDDY

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other COMPLETION
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Cont'd (Page 2)

12-9-94 Gas line connected. SITP 675 psi. SICP 1850 psi. Initial gas sales commence. Open on 12/64" ck w/FTP 475 psi. SICP 1450 psi.  
12-18-94 Flowed 24 hrs on 30/64" ck. 80 B0, 87 BW, 467 MCF, FTP 100 psi, SICP 625 psi. All load fluid have been recovered.

14. I hereby certify that the foregoing is true and correct. Michael Reeves

Signed

Title

Sr. Staff Engineer

Date 1-13-95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: