

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Expires August 1, 1985
5. LEASE DESIGNATION AND SERIAL NO. *clsf*
LC 029389 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY JUN 29 1987 O. C. D. WELLS OFFICE	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ARCO Oil and Gas Company		8. FARM OR LEASE NAME Wilmar Federal
3. ADDRESS OF OPERATOR P. O. Box 1610, Midland, Texas 79702		9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 560' FSL & 960' FWL (Unit Letter M)		10. FIELD AND POOL, OR WILDCAT North Shugart - Bone Springs
14. PERMIT NO. 30-015-22660	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3724 RKB	11. SEC., T., S., R., OR BLK. AND SURVEY OR AREA 4-18S-31E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 checked="" type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(Other) <input type="checkbox"/>	

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.)

1. POH w/CA
2. CHC
3. Reperf Bone Springs f/8205-8482
4. Acidize 8134-8482 w/4200 gals 7-1/2% NEFE
5. Swab Test
6. Frac 8134-8482 w/142,000 gals & 282,000# sd
7. Swab/flow to clean up
8. RIH w/CA

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

SIGNED <i>Kenneth L. Gossnell</i>	915-688-5672	DATE 6-23-87
(This space for Federal or State office use)		
APPROVED BY <i>David Adams</i>	TITLE <i>Asst. Dir.</i>	DATE <i>6-26-87</i>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side