

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPL
(Other instructions
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mescalero Ridge Unit 35

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Pearl Seven Rivers

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

35-19S-34E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

ARCO Oil and Gas Company - Div. of Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2310' FSL & 990' FEL (Unit letter I)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3712' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Other) Mechanical Integrity Testing ☒

(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 testing the mechanical integrity of the casing of the well in the following manner:

1. POH w/rods & tubing.
2. GIH w/bit & scraper, POH,
3. GIH w/packer & tubing. Pressure test casing to 500#.
4. Shut well in.

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

SIGNED Stewart D. Smith

TITLE Area Prod. Supt.

DATE 10/10/86

(This space for Federal or State office use)

APPROVED BY Chris C.

TITLE

DATE 10-16-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side