

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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 13. STATE

Lea

N.M.

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 ☐

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 ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

Shut In ☒

(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.)\*

This well was shut in during November, 1975. It is being evaluated at this time for possible workover or P&A. Final Report.

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

SIGNED

*Steven D. Smith*

TITLE Area Prod. Supt.

DATE 1/17/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

JAN 20 1986

O.C.C.  
HOBBS OFFICE