

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse side)

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.

13

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

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

35-19-34

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

1. OIL ☒ GAS ☐  
WELL 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

1980' FSL & 990' FWL, Unit L

14. PERMIT NO.

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

3711' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Returned to Production ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

Returned well to production 1/28/87. Final Report.

ACCEPTED FOR RECORD

FEB 09 1987

*Jm*  
CARLSBAD, NEW MEXICO



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

SIGNED

*Howard Smith*

TITLE Area Prod. Supt.

DATE 2/3/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**  
**FEB 11 1987**  
**OCD**  
**HOBBS OFFICE**