

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

08240

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWDW		5. LEASE DESIGNATION AND SERIAL NO. NM-052
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 1980' FWL, Unit letter N		8. FARM OR LEASE NAME Mescalero Ridge Unit 35 SWDW
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3713' GL	9. WELL NO. 11
		10. FIELD AND POOL, OR WILDCAT Pearl Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-19S-34E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Request for Shut In Extension

(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 November 15, 1985. It is no longer needed for salt water disposal and is being evaluated for recompletion possibilities or P&A.

We are requesting an extension of your approved Form 3160-5 which expires 1/23/87. This well was bradenhead tested on November 25, 1986.

APPROVED FOR 12 MONTH PERIOD
ENDING 1/23/87

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

SIGNED

Steven D. Smith

TITLE Area Prod. Supt.

DATE 1/15/87

(This space for Federal or State office use)

APPROVED BY

Orig: Sgd: Charles S. Bohm

TITLE

DATE

1/20/87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JAN 26 1987
OCD
HOBBS OFFICE