

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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

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 SWDW

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

990' FSL & 1980' FWL, Unit letter N

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mescalero Ridge Unit 35 SW

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Pearl Queen

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

35-19S-34E

14. PERMIT NO.

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

3713' GL

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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 November 15, 1985. It is no longer needed for salt water disposal and is being evaluated for recompletion possibilities 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:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side

RECEIVED

JAN 27 1986

C.C.D.  
HOBBS OFFICE