

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div of Atlantic Richfield Company		8. FARM OR LEASE NAME Mescalero Ridge Unit 35	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		9. WELL NO. 14	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660' FNL & 990' FWL, Unit letter D		10. FIELD AND POOL, OR WILDCAT Pearl Queen	
14. PERMIT NO.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 35-19S-34E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3732' KB		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Shut In <input checked="" type="checkbox"/>

(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.\*

On 6/18/86 well produced 4 BO, 13 BW & 0 MCFG. Closed tubing and casing valves on well head. Well shut in effective 6/20/86 pending evaluation. Final Report.

12  
APPROVED FOR 12 MONTH PERIOD  
ENDING 7/31/87

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

SIGNED <u>Steven D. Smith</u>	TITLE <u>Area Prod Supt.</u>	DATE <u>6/25/86</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig: [Signature]</u>	TITLE	DATE <u>8-6-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side