

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-011
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-05519

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

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
330' FSL & 660' FEL, Unit letter P

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3730' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mescalero Ridge Unit 26

9. WELL NO.
2

10. FIELD AND POOL OR WILDCAT
Pearl Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
26-19S-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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Press Test Downhole Equipment		

(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.) *

RU 2/04/86. POH w/2-7/8" tbg. RIH, set pkr @ 4448' & pressure tested casing w/produced water to 500# for 15 mins. Held 500# for 15 mins OK. POH w/pkr. RIH w/2-7/8" tbg. Inst pmpg tee w/2" ball valve & BP w/1/2" needle valve. Left well Shut in eff 2/04/86.

Test witnessed by Mr. Walter H. Cox w/BLM.

APPROVED FOR ¹² MONTH PERIOD
ENDING 2/24/87

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

SIGNED Steven D. Smith

TITLE Area Prod. Supt.

DATE 2/4/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 2/4/86

*See Instructions on Reverse Side