Form approved. 5. 1.15 Fer., 3160-5 Budget Bureau No. 1004-0135 UNIT STATES SUBMIT IN TRIPLIC (November 1983) Expires August 31, 1985 Other instructions DEPARTMENT OF THE INTERIOR verse aide) 5. LEASE DESIGNATION AND BERIAL NO (Formerly 9-331) 83240 NM_052 BUREAU OF LAND MANAGEMENT 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.) 7. UNIT AGREEMENT NAME GAS WELL WELL | OTHER Water Injection Well 2. NAME OF OPERATOR S. FARM OR LEASE NAME ARCO Oil and Gas Company Div. of Atlantic Richfield Company Mescalero Ridge Unit 35 9. WELL NO. 3 ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT Pearl Queen 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 1650' FEL & 990' FSL 35-19S-34E 15 ELEVATIONS (Show whether DF, RT, GR. etc.) 14. PERMIT NO 12. COUNTY OR PARISH 13. STATE 3702' GL 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 WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING SHOOT OR ACIDIZE ABANDON ABANDONMENT* REPAIR WELL CHANGE PLANS NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OF ERATIONS (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 2/16/86, POH w/tbg, parted in 1st jt. Inst BOP. RIH w/OS, jarred on pkrs. Rel btm pkr & POH. Reran plastic coated AD-1 pkr & 2-3/8" internally plastic coated tubing, tested to 5000#. Set @ 4520.6'. Circ well w/110 bbls of 2% KCL and C-193. Set pkr & tested csg to 500#, OK. Returned well to injection. Final Report. ACCEPTED FOR RECORD CARLSBAD, NEW MEXICO 18. I hereby certify that the foregoing is true and correct 3/05/86 TITLE Area Prod. Supt. (This space for Federal or State office use)

*See Instructions on Reverse Side

DATE

MAR 17 1986
HOBES OFFICE