

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

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM - 052	
2. NAME OF OPERATOR ARCO Oil & Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1610, Midland, Texas 79702		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 2240 FNL & 2030 FWL (Unit F)		8. FARM OR LEASE NAME Mescalero Ridge Unit 35	
14. PERMIT NO. 30-025-29517		9. WELL NO. 18	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3711.3 GR		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 NM

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"/>		<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 type="checkbox"/>		<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.)

1-13-86: RU PU. Tag PBD @ 5206'. Test csg to 1000#, OK.
1-14-86: Ran GR-CCL f/5194-3800'. Perf'd Penrose w/1 JSPF @ 4880', 81, 82, 84, 86, 4934, 36, (7 holes).
1-15-86: Acdzd w/2500 gals 15% NEFE.
1-17-86: Frac'd w/15000 gal & 30,000# 20-40 sd. Swb & flow load back.
1-20-86: SFL 1500. In 4 hrs swbd 8 BO, 47 BLW, FFL 4700' (SN). (-1 BLW).
1-21-86: Set RBP @ 4805'. Perf'd Queen w/1 JSPF @ 4576, 88, 89, 4605, 06, 07, 08, 17, 18, 31, 39, 4751, 52, 53, (14 holes). Acdzd 4576-4753 w/5000 gals 15% NEFE. Frac 4576-4753' w/34,000 gals & 79,000# 20/40 sd.
1-30-86: Pull RBP. Install CA. Set SN @ 4561. RIH w/pump & rods. SI. WO pumping unit.
2-8-86: In 24 hrs pmpd 16 BO, 360 BW, 8 MCFG.
2-12-86: Potential test. In 24 hrs pmpd 25 BO, 299 BW, 12 MCFG.
FINAL REPORT.

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

SIGNED Ken G. Gosnell

915-684-0312

TITLE Engr. Tech. Spec.

DATE 2-14-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED
FEB 17 1986
O.C.D.
HOBS OFFICE