

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction on reverse side)

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	8. FARM OR LEASE NAME TYKE FEDERAL
3. ADDRESS OF OPERATOR BOX 1710, HOBBS, NEW MEXICO 88241-1710	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 1650 FSL - 660 FWL, UNIT LETTER L	10. FIELD AND POOL, OR WILDCAT YOUNG WOLFCAMP, NORTH
14. PERMIT NO. 30-025-31041	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 17, T18S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3761.1' RKB	12. COUNTY OR PARISH LEA
	13. STATE NM

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 TREATMENT <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) <u>Install Artificial Lift</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE IN DETAIL THE WORK DONE. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to the work.

2/14/92 THIS WELL WAS CONVERTED FROM NATURAL FLOW TO ARTIFICIAL LIFT

PRIOR TEST 1/28/92 199 BO, 130 BW, 214 MCFCG
AFTER TEST 2/25/92 255 BO, 189 BW, 365 MCF

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

SIGNED *James E. Gyles* TITLE Operations Coordinator DATE 3/19/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side