

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 1408001352
2. Name of Operator ARCO OIL & GAS COMPANY	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P O BOX 1710 HOBBS, NM (505) 391-1600	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT H (SE NE) SEC 7, T20S, R37E, 1650 FNL & 330 FEL	8. Well Name and No. BARBER GAS COM #3
	9. API Well No. 30-025-05983
	10. Field and Pool, or Exploratory Area EUMONT YATES 7RQ
	11. County or Parish, State LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dispose Water

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

13. 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.)*

TD 5250, PBD 3535, PERFS 2954-3389

OLD WELL NAME BERTHA J. BARBER #18

ABANDONED PADDOCK ZONE 10/20/92 SQUEEZED CMT FROM 2540' TO SURFACE BEHIND 7" CSG, RECOMPLETED TO EUMONT YATES 7RQ STIMULATED WITH 3500 GAL. ACID AND FRAC W/ 198 TONS COL AND 235000 OF 12/20 SAND

DATE OF FIRST PRODUCTION 1/11/93

1/12/93 IN 24 HRS. WELL PUMPED 0 BO, 1 BW, 64 MCFG

RECEIVED
JAN 22 11 38 AM '93
CATA
AREA

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

Signed <u>[Signature]</u>	Title <u>Service Coordinator</u>	Date <u>1/20/93</u>
(This space for Federal or State official use)		
Approved by <u>[Signature]</u>	Title _____	Date _____
Conditions of approval, if any:		