

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

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

ARCO OIL & GAS COMPANY

3. Address and Telephone No.

P. O. BOX 1710

HOBBS, NEW MEXICO 88240

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UNIT "E", 1650' FNL AND 990 FWL, SEC 8, T20S, R30E

37

5. Lease Designation and Serial No.

14080013527

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

BARBER GAS COM #1

9. API Well No.

30-025-06022

10. Field and Pool, or Exploratory Area

EUMONT YATES 7 RQ

11. County or Parish, State

LEA COUNTY, N.M.

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other CORRECT API NO.

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)

THE CORRECT API NO FOR THIS WELL IS 30-025-06022 PER NMCD RECORDS. WOULD YOU PLEASE MAKE THE CORRECTION TO YOUR RECORDS AND NOTIFY US OF AN EFFECTIVE DATE WHEN WE MAY START USING THE CORRECT NUMBER.

ACCEPTED FOR RECORD

JUN 1 1993

CARLSBAD, NEW MEXICO

CARLSBAD  
ARTIFICIAL

APR 6 9 21 AM '93

RECEIVED

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

Signed

Title OPERATIONS COORDINATOR

Date 04/02/93

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side