

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection Well | | 5. LEASE DESIGNATION AND SERIAL NO. LC - 03573 - B |
| 2. NAME OF OPERATOR ARCO OIL & GAS COMPANY | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Division of Atlantic Richfield Company | | 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 P.O. Box 1710 Hobbs, New Mexico 88240 Unit I, 1980' FSL & 660' FEL | | 8. FARM OR LEASE NAME Elliott B-6 |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3453' DF | | 10. FIELD AND POOL, OR WILDCAT Penrose Skelly - GB |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6, T22S, R37E |
| | | 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:

| | |
|--|---|
| 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"/> | |

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) Casing Test <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.)*

| | | |
|------------------------|-----------|---------------------|
| TD 3783' | PBD 3755' | Perfs 3686' - 3744' |
| Surface casing 10 3/4" | 32.75# | @ 307' |
| Int Casing 7 5/8" | 26.4# | @ 1189' |
| Prod Casing 5 1/2" | 17# | @ 3429' |
| Liner 4" | 9.11# | @ 3221' - 3757' |

MIRU pump truck. Press production casing to 500# for 15 min.

Held OK.

Witnessed by Jack Johnson w/ BLM

Chart Attached:

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

SIGNED [Signature]

TITLE Services Supv

DATE 5/19/88

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side