

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC - 032573-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR  
ARCO OIL & GAS COMPANY

3. ADDRESS OF OPERATOR  
Division of Atlantic Richfield Company  
P.O. Box 1710 Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
Unit P 660' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
3433' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Elliott B-6

9. WELL NO.  
3

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) <u>Test Casing</u>	<u>X</u>

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"/>	

(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.)\*

Spud 10-25-36  
TD - 3778'  
RKB - 10'  
Surface Casing 10 3/4" @ 298'  
Int. Casing 7 5/8" 26.4# @ 1182'  
Prod. Casing 5 1/2" 17# @ 3433'  
OH - 3433'

1. Set & Test Anchor
2. MIRU
3. POH w/CA
4. RIH w/packer to 3400'
5. Load & Test to 500# for 15 min
6. POH w/packer
7. NU Wellhead
8. Rig down

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

SIGNED [Signature] TITLE Services Supv. DATE 5/18/88

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE  DATE 7-21-88  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
JUN 20 10 54 AM '88