

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions re-  
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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott B -7

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Penrose Skelly

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 7, T22S, R37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

ARCO OIL & GAS COMPANY

Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR

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 G 1980' FNL & 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3440' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

Test Csg

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 - 3724

7 5/8" Surface Csg - 24# @ 1117'  
5 1/2: Prod. Csg - 17# @ 3629'  
Perfs 3345' - 3555'  
OH - 3629 - 3697'

1. Set & test Anchor

2. MIRU

3. POH w/CA

4. RIH w/pkr to 3300'

5. Test to <sup>500</sup>3000# for 15 min

6. POH w/pkr

7. NU wellhead

8. Rig down

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

SIGNED

TITLE Services Supv.

DATE 5/18/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 5-26-88

CONDITIONS OF APPROVAL, IF ANY: NONE

\*See Instructions on Reverse Side

RECEIVED

MAY 27 1988

CCD  
HOBBS OFFICE