

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on re-
verse side)

Form approved,
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-032573(a)
2. NAME OF OPERATOR Arch Petroleum Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 10 Desta Dr., Suite 420 E, Midland, Texas 79705	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 Unit D, 330 FNL & 990 FWL, Section 22, T-22-S, R-37-E	8. FARM OR LEASE NAME E.M. Elliott Federal
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3379	10. FIELD AND POOL, OR WILDCAT McCormack Silurian
	11. SEC., T., E., M., OR BLK. AND/ SURVEY OR AREA Sec 22, T22S, R37E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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) Plug Back & Recomplete Abo <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.) *

1-16-90: Set 5" CIBP at 7025' to plug back Silurian formation. Tested casing and CIBP to 500#. Perforated 1 JSPF 6628-6892' (141 holes) in Abo formation.

1-18-90: Acidized Abo formation with 15,000 gals 15% NeFe acid + 190 ball sealers. Average treating pressure 4500# at 2.4 BPM. ISIP: 3900#; 5 min: 3600#; 10 min: 3400#; 15 min: 3200#. Set 5" model R packer at 6526'. Opened well on 20/64" choke, flowing to recover fluids. Recovered 180 BLW. Changed choke to 18/64".

1-20-90: Turned well to battery (still recovering load). Hooked up gas sales.

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

SIGNED David Dille

TITLE Operations Manager

DATE 1-23-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

JAN 31 1990

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO