Form 9-331
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO.: LC-030133-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.)

7. UNIT AGREEMENT NAME:

OIL WELL [ ] GAS WELL [X] OTHER

8. FARM OR LEASE NAME: Langley Deep

2. NAME OF OPERATOR: ARCO OIL AND GAS COMPANY Div. of Atlantic Richfield Company

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: P.O. Box 1710 Hobbs, New Mexeco 88240

10. FIELD AND POOL, OR WILDCAT: Langley Ellenburger

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 990' FNL & 2310' FWL (Unit Letter C)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 28-22S-36E

14. PERMIT NO.: API #30-025-25699

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3515.6'GR

12. COUNTY OR PARISH: LEA

13. STATE: N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Shut In Ellenburger	X
(Other)		(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.)*

On 05/04/87 Ellenburger zone produced 0 BO, 0 BW & 19 MCFG. Closed tubing valve and shut zone in for evaluation effective 05/27/87. FINAL REPORT

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

SIGNED: [signature] TITLE: Services Supervisor DATE: 01/11/88

(This space for Federal or State office use)

APPROVED BY: TITLE: DATE:

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SDS

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.