

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN REVERSE SIDE  
(Other instructions on reverse side)

Budget Bureau No. 1004-1  
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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ DUAL OTHER
2. NAME OF OPERATOR  
ARCO Oil and Gas Company - Div 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

990' FNL & 2310' FWL (Unit letter C)

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:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) Return Ellenburger to Prod. ☒

(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.)\*

Returned Ellenburger to production effective 3/06/87. Final Report.

ACCEPTED FOR RECORD  
SJS  
MAR 20 1987  
CARLSBAD, NEW MEXICO

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

SIGNED Steven D. Smith

TITLE Area Prod Supt.

DATE 3/17/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



**RECEIVED**  
**MAR 27 1987**  
**OCD**  
**HOBBS OFFICE**