

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons.  
P 19L  
Hobbs, NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
NMLC-030187

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
C. E. Lamunyon #11

9. API Well No.  
30-025-10855

10. Field and Pool, or Exploratory Area  
Teague Dev North

11. County or Parish, State  
Lea County, NM

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Arch Petroleum Inc.

3. Address and Telephone No.

10 Desta Drive, Suite 420E Midland, Texas 79705 (915) 685-1961

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit C, 660' FNL and 1980' FWL, Sec. 27, T23S, R37E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☒ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)  
This well needs to be held for a possible ABO recompletion following a study to be completed later this year.

We propose at this time to isolate casing lead with a packer and plug and squeeze with cement.

Cement will not be drilled out. Pressure test casing and record test on chart for subsequent report.

Work will begin within 20 days following approval.

P+A OR TEST CSE IN 20 DAYS FROM APPROVAL

SEE INSTRUCTIONS TO  
CONDITIONS OF APPROVAL

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

Signed Robert S. McCarley

Title Technical Administrator

Date 12/11/97

(This space for Federal or State office use)

Approved by (ORIG. SGD.) LES BABYAK  
Conditions of approval, if any:

Title \_\_\_\_\_

Date DEC 16 1997

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171 DEC 12 A 11:41  
HOSPITAL OFFICE