

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP.
(Other instructions
verse side)

TE-
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-064118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E.C. HILL "D" FEDERAL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Teague Devonian

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

Section 34, T23S, R37E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

ARCH PETROLEUM INC.

3. ADDRESS OF OPERATOR

10 Desta Drive, Suite 420 E., Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2131 FNL & 660 FEL, Section 34, T23S, R37E

14. PERMIT NO.

Dated 6/15/89

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

3275 KB

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING ☒

(Other) Plug back to Abo

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

8/17/89 - Set 7" CIBP @ 6930'. Checked TD to 6990'. CIBP slipped down hole. Set CIBP @ 6900'. Plug back lower Abo zone.

8/18/89 - Perforated 6638-6714' with 56 holes (upper Abo zone). Dumped 35' cement on CIBP. Acidize interval with 6000 gallons 15% NEFE HCl plus 80 ball sealers. Made 4 swab runs. Well started flowing.

8/19/89 - Flowed on 28/64" choke for 4 hours, 26/64" choke for 1 hour, and 22/64" choke for 5 hours. Recovered 26 BO and 101 BW, gas not measured.

RECEIVED
Aug 28 11 25 AM '89
BUREAU OF LAND MGMT.
HCEBS, RML

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

SIGNED

David Miller

TITLE Operations Manager

DATE 8/23/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

SEP 25 1989

HOBBES OFFICE