

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOLDS, NEW MEXICO

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 AREA

Sec 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 Dr., Suite 420 East, 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, GR, 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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Plug back to Abo

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Propose to set CIBP at 6940' with 35' cement on top to plug back lower Abo perforations which tested 3 BO and 18 BW per day on pump. Perforate Upper Abo with 1 JSPF at 6638-6714' (50 holes).
Acidize with 6000 gals 15% NeFe HCL and ball sealers. Test zone.

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

SIGNED

TITLE Operations Manager

DATE 8-16-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

TITLE CHIEF, MINERAL RESOURCES

DATE 8-25-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side