

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

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 71-064118
2. NAME OF OPERATOR Arch Petroleum Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 10 Desta Dr. Suite 420 E., Midland, Texas 79705	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit G, Section 34, T-23-S, R-37-E 1980 FNL & 1989 FEL	8. FARM OR LEASE NAME E.C. Hill "B" Federal
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3270 GR 3280 DF	10. FIELD AND POOL, OR WILDCAT Teague Blinbry
	11. SEC., T., R., OR BLK. AND SURVEY OR AREA Section 34, T-23-S, R-37-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(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.)*

- 7-19-89 Found casing leak between 3640-3697
7-20-89 Ran in hole with retrievable bridge plug and squeeze packer to 4000'. Set bridge plug and tested to 500#. Held ok. Set packer at 3487'. Pressured up on casing to 500#. Rigged up Halliburton and pumped 150 sx Class "C" cement with 2% CaCl. Released packer and circulated hole clean.
7-21-89 Set packer at 3489'. Pumped 100 sx Class "C" cement with 2% CaCl. Pressured up to 750#. Held ok,
7-24-89 Pulled out of hole with squeeze packer and tbq. Ran in hole and drilled cement. Circulated hole clean. Pressured up on casing to 650#.
7-25-89 Tested casing to 500#. Held ok. Placed well on pump.

RECEIVED
JUL 28 11 35 AM '89
CARLSBAD OFFICE
AREA HEADQUARTERS

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

SIGNED Sandy Wilkerson TITLE Production Clerk

DATE 7-26-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

AUG 08 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO