

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other inst
verse side) on re

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.

3

10. FIELD AND POOL, OR WILDCAT

Teague Devonian

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

Sec 35, T23S, R37E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

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 ☐ 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

990 FNL & 660 FWL, Section 35, T-23-S, R-37-E

14. PERMIT NO.

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

3250 GR

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)

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.)*

3-3-90 Pumped 1000 gals 15% NEFE acid down tbg/casing annulus. Pumped at 5 BPM at 100#. Flushed with 255 bbls formation water, 5 BPM at 120#. Casing on vacuum. Returned to production, recovering load.

ACCEPTED FOR RECORD

MAR 5 7 1990

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

Operations Manager

DATE

3-21-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAR 23 11 19 AM '90
CARLSBAD AREA HEADQUARTERS

RECEIVED

MAR 28 1990

**OCD
HOBBS OFFICE**