

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Arch Petroleum Inc.		8. FARM OR LEASE NAME E.C. Hill "D" Federal	
3. ADDRESS OF OPERATOR 10 Desta Dr., Suite 420 East, Midland, Texas 79705		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL & 510 FWL, Section 35, T23S, R37E Unit G		10. FIELD AND POOL, OR WILDCAT Teague Devonian	
14. PERMIT NO.		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec 35, T23S, R37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3266 DF		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Put well on pump	

(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.)*

4-17-90 Pulled 2 3/8" tubing and 7" packer.
4-18-90 Ran 2 3/8" production tubing with seating nipple at 7369'.
4-19-90 Hot oiled tbg with 30 B0. Ran 2" x 1 1/2" x 18' rod pump with 7/8" and 3/4" rod string. Hung well on.

~~DEVONIAN AND ABO FORMATIONS ARE CANNINGLED.~~

ACCEPTED FOR RECORD

MAY 1 1990

CARISBAD, NEW MEXICO

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

SIGNED Dwight Miller TITLE Operations Manager DATE 5-3-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAY 21 1990
OCD
HOBBS OFFICE