

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. DIST. COMMISSION

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC- 21-064118
2. NAME OF OPERATOR Arch Petroleum Inc		6. IF INDIAN, ALLOTTEE OR TRIBE NAME 535
3. ADDRESS OF OPERATOR 777 Taylor St., Suite II A, Ft. Worth, Texas 76102		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 E, 1980' FNL & 510' FWL Section 35, T-23-S, R-37-E		8. FARM OR LEASE NAME E.C. Hill Federal
14. PERMIT NO.		9. WELL NO. 51
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3266 DF		10. FIELD AND POOL, OR WILDCAT Teague (Fusselman)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 35, T-23-S, R-37-E
		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:

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) Plug Back Fusselman

SUBSEQUENT REPORT OF:

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 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.)\*

Propose to plug back the Fusselman formation perforated at 8069-8110' by setting a CIBP in the 7" casing at 8040' with 35' of cement on top.

Propose to recomplete in the Silurian formation with 35 holes between 7886-7920'. Breakdown and acidize with 3500 gals 15% NEFE acid and test zone.

Propose to begin work immediately.

RECEIVED  
JUN 15 11 25 AM '89  
OIL  
AREA

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

SIGNED Dan Miller

TITLE Operations Manager

DATE 6-13-89

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY

FOR:  
TITLE

DATE 6-27-89

\*See Instructions on Reverse Side