

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. CATE\*  
(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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Arch Petroleum Inc.		8. FARM OR LEASE NAME E. C. Hill Federal
3. ADDRESS OF OPERATOR 777 Taylor Street, Suite II-A, Ft. Worth, TX 76102		9. WELL NO. 5 (M)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 810 Unit E: 1980' FNL & 510' FWL of Section 35, T23S, R37E		10. FIELD AND POOL, OR WILDCAT Teague Simpson
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA 35, 23S, 37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3267 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
RIHOO OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <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.)

Purpose to POOH w/production packer and gas lift valves and run tubing, rods, and pump. Put well on pump.

5/30/89 - Unable to release packer.

5/31/89 - Chemical cut tubing @ 8870'. Recovered 11 gas lift valves. Left one in well. Jarred on fish. Recovered 18" tubing.

6/01/89 - Dressed top of fish. Jarred @ 60,000#. Unable to release fish.

6/02/89 - Jarred @ 65,000#. Unable to release fish. Swab to equalize fluids.

6/03/89 - Jarred and swabbed. Could not release fish.

6/05/89 - Back off tubing @ 8865'. RIH w/cut-rite shoe. Mill on packer. Wore out shoe. POOH.

6/06/89 - RIH w/packer sleeve. Mill on packer. Wore out shoe. POOH.

6/07/89 - RIH w/packer sleeve. Mill on packer.

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

SIGNED David R. Glass

TITLE Operations Manager

DATE June 7, 1989

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

CHIEF, MINERAL RESOURCES

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 6-15-89

\*See Instructions on Reverse Side