

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
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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. NAME OF WELL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NNNM0569
2. NAME OF OPERATOR ARCO OIL AND GAS COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR BOX 1710, HOBBS, NEW MEXICO 88240		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 1815 FNL - 330 FWL		8. FARM OR LEASE NAME GINSBERG FEDERAL
14. PERMIT NO. 30-025-12445		9. WELL NO. 11
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3047' DF		10. FIELD AND POOL, OR WILDCAT JUSTIS FUSSELMAN
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T25S, R28E
		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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) <input type="checkbox"/>	TEMPORARILY ABANDON <input checked="" type="checkbox"/>

(Other) _____

(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.)*

INFORMATION FROM PREVIOUS OPERATOR'S WELL RECORDS

TD 6977; FUSS PERFS: 6938-6972'; TUBB-DRKD PERFS: 5709-5843'; BLINEBRY PERFS: 5265-5448'
1/26/91 MIRU POH w/RDS & PUMP. UNABLE TO RIH w/PUMP & RDS
1/28/91 FOUND TBG PARTED 434' FROM SURFACE
1/29/91 CAUGHT FISH POH w/51 JTS OF BENI TBG AND RBP THAT HAD BEEN SET AT 5850'
1/30/91 RIH w/CIBP ON APOLLO WIRELINE & SET CIBP @ 5855' NO WIRELINE CO., RIH w/TBG, RDS, PUMP. SN @ 5844' ON 176 JTS 2-3/8" TBG. CIBP SET @ 5855'



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

SIGNED [Signature] TITLE Administrative Supervisor DATE 5/7/91
(This space for Federal or State office use)

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

*See Instructions on Reverse Side