

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOLDS, NEW MEXICO 88240

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Water Injection		5. LEASE DESIGNATION AND SERIAL NO. LC-064118	
2. NAME OF OPERATOR Arch Petroleum Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 10 Desta Dr., Suite 420 East, Midland, Texas 79705		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 M, 1300 FSL & 1300 <sup>west</sup> FET, Section 35, T23S, R37E		8. FARM OR LEASE NAME Eva Blinebry Federal	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3238 KB		10. FIELD AND POOL, OR WILDCAT Langlie Mattix	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 35, T23S, R37E	
		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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETION ☐  
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.)\*

Proposal: Acidize Injection Well perforated interval 3418-3583' with 10,000 gals 15% HCL acid in stages using rock salt as a diverter. Will begin job immediately upon BLM approval.

RECEIVED  
SEP 21 11 39 AM '89  
CARSON COUNTY OFFICE  
AREA RECORDS

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

SIGNED Laurel Miller

TITLE Operations Manager

DATE 9-19-89

(This space for Federal or State office use)

APPROVED BY Adam Salom

TITLE Assistant Manager

DATE 9-27-89

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side

RECEIVED

SEP 29 1989

OCD  
HOBBS OFFICE