

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
SUBMIT IN TRIE
(Other instruction
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		5. LEASE DESIGNATION AND SERIAL NO 71-064118	
2. NAME OF OPERATOR Arch Petroleum Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 777 Taylor st., Suite II-A, Ft. Worth, Texas 76102		8. FARM OR LEASE NAME Eva Blinebry Federal	
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 FSL Section 35, T-23-S, R-37-E		9. WELL NO. 13	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Langlie-Mattix SRQG	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3238 KB		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:		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"/>
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 PLANS <input type="checkbox"/>	(Other) <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.) *

6-8-89 Tested tbg in hole to 6000#. Set Baker AD-1 tension packer at 3372' with 16,000# tension. Tested casing and packer to 400# for 30 minutes. Held ok. Returned well to injection.

RECEIVED
JUN 14 11 14 AM '89
OIL & GAS
AREA

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

SIGNED <u>David R. Glass</u>	TITLE <u>Operations Manager</u>	DATE <u>6-12-89</u>
(This space for Federal or State office use)		
APPROVED BY <u>(ORIG. SGD.) DAVID R. GLASS</u>	TITLE <u>CHIEF, N. M. OIL CONS. COM.</u>	DATE <u>6-15-89</u>
CONDITIONS OF APPROVAL, IF ANY		

*See Instructions on Reverse Side