Form 3160-5 Dec-89

Approved by: \_\_\_

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

## N.M. OIL COPIC COMMISSION P.O. BOX 15 ROVED FORM HOBBS, NEVBMENICO 1888446135 Expires 9/30/1990

BUREAU OF LAN	D MANAGEMENT	Explies 9/30/1990
SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  USE "APPLICATION FOR PERMIT -" For such proposals		5. Lease Designation and Serial No. LC-030187
		6. If Indian, Allotee or Tribe Name n/a
SUBMIT IN TRIPLICATE		7. If Unit of CA Agreement Designation
1. Type of Well		n/a
Oil Well 🗵 Gas Well 🗖	Other 🔲	8. Well Name and No.
2. Name of Operator		C. E. LAMUNYON NO. 30
ARCH PETROLEUM INC.		9. API Well No.
		30-025-22460
3. Address of Operator 10 DESTA DRIVE, SUITE 420E, MIDLAND, TX 79705 915/685-1961		10. Field and Pool, or Exploratory Area TEAGUE BLINEBRY
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 660' FWL, UT. E, SECTION 22-T23S-R37E		11. County or Parish, State LEA COUNTY, N.M.
	) TO INDICATE NATURE OF NOTICE, R	
TYPE OF SUBMISSION	TYPE OF AC	
_		☐ Change of Plans ☐ New Construction
Notice of Intent	<b>!</b> •	
		Non-Routine Fracturing
	Casing Repair	Water Shut-off
		Conversion to Injection
Final Abandonment Notice	Other: Add perfs, Acidize & Frac	
	Note: Report results of mu Recompletion Report and l	Itiple completions on Well Completion or
<ol> <li>Describe Proposed or Completed Operations: proposed work. If well is directionally drilled to this work.</li> </ol>	Clearly state all pertinent details, and give pertinent d, give subsurface locations and measured and true ver	dates, including estimated date of starting any
Add additional perfs, acidize, &	sand frac Teague Blinebry.	
4/3/95 Clean out hole to 6134'	. Perforate as follows: 5422, 5443,	5507, 5530, 5548, 5567, 5578,
5594, 5612, 5631, 5648, 5674, 57	702, 5708, 5745, 5759, 5798, 5818, 5	5839, & 5860 w/4 - 0.55" JHPF
	w carrier gun. Acidize w/5300 ga	
	/102,000 gals 40# XL 2% KCL ;	
	nd, & 32,000# 16/30 mesh Super L	
swab back load. Clean out sand.		,
Sinds such foun. Cream our susse.	Free and a second secon	
		**************************************
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	J. Har	
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14. I hereby certify that the foregoing is true as	nd correct.	
Signed Bullul Bes	Title: Production Analyst	Date: <u>07/19/95</u>
(This space for Federal or State office use)		
Approved by:	Title:	Date: