| Ferm 3160-5<br>(November 1983<br>(Formerly 9-33)   | DEPARTI   | UN ED STATES<br>MEN OF THE INTE<br>U OF LAND MANAGEME  |   | ATE*                                  | Budget But Expires Au  5. LEASE DESIGNA  LC034711              | reau No. 1<br>igust 31, 1<br>ition and s | ISRIAL NO                 |  |
|--|---|--|---|---------------------------------------|--|--|---------------------------|--|
| (Do, not u   |   | ICES AND REPORTS  Tale to drill or to deepen or place of the control of the contr | ON WELLS ug back to a different reservoir, th proposals.)                               | •                                     | 6. IF INDIAN, ALL  |  | BINE NAME                 |  |
|  | GAS OTHER   |  |   |                                       | 7. UNIT AGREEME  | T NAME                                   |                           |  |
| 2. NAME OF OPERATOR  |   |  |   |                                       |  | S. FARM OR LEASE NAME                    |                           |  |
| Arch Petroleum Inc. 3. ADDRESS OF OPERATOR   |   |  |   |                                       |  | de Fed                                   | eral                      |  |
| 10 Desta Dr., Suite 420 East, Midland, Texas 79705   |   |  |   |                                       |  |  |                           |  |
| See also space 17 below.) At surface   |   |  |   |                                       |  | Teaque Devonian                          |                           |  |
| Unit L,  | 2310 FSL & 660  | FWL, Section 35,   | T23S, R37E  |                                       | 11. SEC., T., R., M.,<br>SURVEY OR                             | OR BLE. AN                               | (D)                       |  |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  |   |  |   |                                       | Sec 35, T23S, R37E   |  |                           |  |
| 9-29-89  |   | 3246.2 GR  |   |                                       | Lea New Mexico   |  |                           |  |
| 16.  | Check Ap  | propriate Box To Indicate  | : Nature of Notice, Report  | , or O                                | ther Data  |  |                           |  |
| •  | NOTICE OF INTENTION TO:   |  |   |                                       |  | JENT REPORT OF:                          |                           |  |
| FRACTURE TREAT   |   | CULL OR ALTER CASING  IULTIPLE COMPLETE  BANDON*  HANGE PLANE  | WATER SHUT-OFF  FRACTURE TREATMENT  SHOOTING OR ACIDIZIT  (Other)INStall  (Note: Report | NG PUI                                | ALTERII ABANDO nping Equipm                                    | nent                                     | X                         |  |
| 17, DESCRIBE PROPERTY OF PROPERTY OF THE PROPE | NA. 21 WEN 13 GIVECTIO  | RATIONS (Clearly state all pertinally drilled, give aubaurface k   | nent details, and give pertinent<br>ocations and measured and true                      |                                       | tion Report and Lo<br>including estimated<br>depths for all ma |  | arting any<br>ones perti- |  |
| 2-08-91  | 1 Jt mud anch<br>4' perforated<br>seating nippl<br>231 jts 2 3/8<br>1" x 6' gas a | or<br>  sub<br> e at 7467<br> " 4.7# J-55 tbg  | ubing and rods as f   | Follov                                | WS: AREA HEAD CAN  | 5    14                                  | RECEIVE                   |  |
| 2-09-91  | 2-09-91 Put well on pump using 228 pumping unit and 50 hp motor                   |  |   |                                       |  | 6. HW                                    | C                         |  |
| 2-10-91  | 2-10-91 24 hr. well test on pump. 71 BO and 111 BW and 29 MCF                     |  |   |                                       |  | 17                                       | -                         |  |
|  |   | ·  |   |                                       |  |  |                           |  |
|  |   |  |   | Ade_                                  | · ·  |  |                           |  |
|  |   |  |   |                                       |  |  |                           |  |
| 18. I hereby certif,   | that the foregoing is   | ·////  | perations Manager   | · · · · · · · · · · · · · · · · · · · | DATE 3-  | 4-91                                     |                           |  |
| (This space for  | Federal or State office   | use)   |   |                                       |  |  |                           |  |
| APPROVED BY  | OF APPROVAL, IF AN  | TITLE  |   |                                       | DATE   |  |                           |  |

## \*See Instructions on Reverse Side