

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED

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.)

NOV 19 9 11 AM '90

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Arch Petroleum Inc.</p> <p>3. ADDRESS OF OPERATOR 10 Desta Dr., Suite 420 East, Midland, Texas 79705</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>Unit I</i> 330 FEL & 2310 FSL, Section 34, T23S, R37E</p> <p>14. PERMIT NO. <i>30-025-30773</i></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC 064118</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME E.C. Hill "D" Federal</p> <p>9. WELL NO. 6</p> <p>10. FIELD AND POOL, OR WILDCAT Teague Abo, South</p> <p>11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 34; T23S, R37E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE New Mexico</p> <p>15. ELEVATIONS (Show whether DR., RT., OR, etc.) 3256 GR</p>
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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 checked="" 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"/>	

*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.)*

Propose to perforate and acidize additional holes in the Abo formation. Currently perforated in the interval between 6518-6592 with 41 holes, will add 81 holes in interval 6651-7043, Abo formation.

Propose to acidize with 10,000 gals 10% NeFe HCL acid using 150 ball sealers for diverting.

Anticipate work to begin on or about 11-19-90.

Alan

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

SIGNED *David Miller* TITLE Operations Manager DATE 11-16-90

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Adair Salameh TITLE PETROLEUM ENGINEER DATE 11-30-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side