

November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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 330 FEL & 2310 FSL, Section 34, T-22-S, R-37-E		8. FARM OR LEASE NAME E.C. Hill "D" Federal
14. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3256 GR		10. FIELD AND POOL, OR WILDCAT Teague Devonian
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T-22-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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Squeeze Drinkard Zone	<input checked="" 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.)\*

- 3-1-90 Ran Bottom Hole Pressure test on Abo zone at 6518 - 6592. Pressure at 6555' is 2361 psi.  
Set RBP at 6416'. Perf Drinkard with 2 JSPF at 6314 - 18' (9 holes). Swab to test tank.
- 3-3-90 Set cement retainer at 6220'. Unable to pump into Drinkard Zone. Spot 300 gals 15% NEFE acid. Broke down perfs at 3750#. ISIP: 1550#. Swab to test tank.
- 3-5-90 Squeeze cement with 50 sx with .5% Halad 322 and 50 sx with 2# salt per sx. Squeeze pressure to 3000#. Shut in over night. Drinkard zone squeezed off.
- 3-6-90 Drill out cement and retainer at 6210'. Tested to 1000#.

ACCEPTED FOR RECORD

*Ad*

MAR 23 1990

CARLSBAD, NEW MEXICO

MAR 15 11 05 AM '90  
CARLSBAD  
AREA HEADQUARTERS

RECEIVED

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

SIGNED *David Buller* TITLE Operations Manager DATE 3-13-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.