

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Con
P. 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMLC-030187
2. Name of Operator Arch Petroleum Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 Desta Drive, Suite 420E Midland, Texas 79705 (915) 685-1961	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit E, 1350' FNL and 1300' FWL, of Section 21, T23S, R36E	8. Well Name and No. C. E. Lamunyon #62
	9. API Well No. 30-025-33959
	10. Field and Pool or Exploratory Area Teague Blinberry
	11. County or Parish, State Lea County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Perf, acidize, and frac
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*
11/22/97

RU Computalog and Perforate as follows:

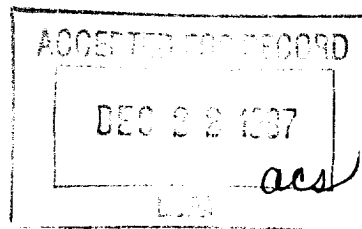
5414, 5435, 5448, 5460, 5480, 5504, 5517, 5530, 5571, 5588, 5599, 5625, 5638, 5659, 5678, 5697
Total of 16 0.45" holes.

Break down perfs w/2000 gals 15% NEFE HCL acid.

11/26/97

Frac w/68,415 gallons 40 quality gel w/173,000# 16/30 Jordan sand.
Pump @ 32 BPM, 3000# max psi,.

Flow well back.



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

Signed Robert S. McCaskey Title Technical Administrator Date 12/16/97

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

