

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires September 10, 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

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. LCO 325 79 (E)
2. NAME OF OPERATOR ARCO Oil & Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS AND TELEPHONE NO. P.O. Box 1610, Midland, TX 79702 (915) 688-5672	7. IF UNIT OR CA, AGREEMENT DESIGNATION
4. LOCATION OF WELL (Footage, Sec., T., R., M., or Survey Description) 990 FSL & 1650 FEL (Unit Letter O) 25-25S-37E	8. WELL NAME AND NO. Carlson B-25 Fed #3
	9. API WELL NO.
	10. FIELD AND POOL, OR EXPLORATORY AREA Justis, tubb Drinkard Justis Abo
	11. COUNTY OR PARISH, STATE Lea

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
	<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

P&A tubb/Drinkard

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

3. 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.)*

12-24-92. RU PU. POH w/CA.
12-26-92. Set RBP at 6090. Sqz'd tubb-Drinkard perms 5663-5942 w/200 sx cmt. WOC.
200 sx cmt. WOC.
12-28-92. Do cmt f/5412-5650'. Press test to 500#.
12-29-92. Do cmt f/5650-5942'. Press test to 500#.
12-30-92. RIH w/RBP retr'g head on 2 7/8 tbq. Swab fluid level down.
12-31-92. POH w/RBP. RIH w/CA: 7" Guib" Uni-VI PKR on 2 7/8 tbq to 6105. RDPU.
Tubb Drinkard perms 5663-5942' sqz'd 12-26-92.

RECEIVED
JAN 25 9 33 AM '93
CARTER

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

SIGNED Kenneth Gosnell TITLE Regulatory Coordinator DATE 1-21-93
(This space for Federal or State office use)
APPROVED BY David A. Mass TITLE _____ DATE _____
CONDITIONS FOR APPROVAL IF ANY:

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.

* See Instructions on Reverse Side

3P Justis Abo/Drinkard