

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-10189

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. H. McClure "B"

9. WELL NO.

22

10. FIELD AND POOL, OR WILDCAT

Dollarhide Tubb Drinkard

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

19-24S-38E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

ARCO Oil and Gas Company - Div of Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1650' FSL & 660' FEL (Unit letter I)

14. PERMIT NO.

API #30-025-27176

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3175.8' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

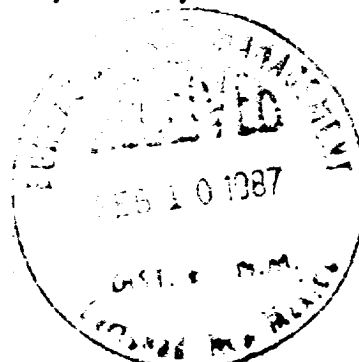
Shut In

(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.)\*

On 12/25/86 well produced 14 BO, 6 BW & 3 MCFG. Shut down pumping unit, left tubing and casing open. Well shut in effective 1/24/87 pending evaluation. Final Report.

Recommended for approval with the stipulation the operator submit a sundry notice with a program for approval to test the downhole equipment/casing and provided the Casing tests OK.



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

SIGNED

*Steven D. Smith*

TITLE

Area Prod Supt.

DATE

2/9/87

(This space for Federal or State office use)

Off. Sgd. Linda S. C. Rundell

APPROVED BY

Acting Area Manager

TITLE

DATE

3-2-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side