

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		2. NAME OF OPERATOR 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 regulations. See also space 17 below.) At surface 660' FNL & 1980' FEL (Unit letter B)		5. LEASE DESIGNATION AND SERIAL NO. LC-029435 (b)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME J. L. Keel B		9. WELL NO. 10		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8-17S-31E	
14. PERMIT NO.				15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3812' GR				12. COUNTY OR PARISH Eddy				13. STATE N.M.									

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 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"/>		

(Other) Treat w/CaSO₄ Scale Dissolver ☒ (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.)*

Present prod 9 BOPD & 13 BWPD. Propose to clean out and treat OH interval 3020-3413' in the following manner:

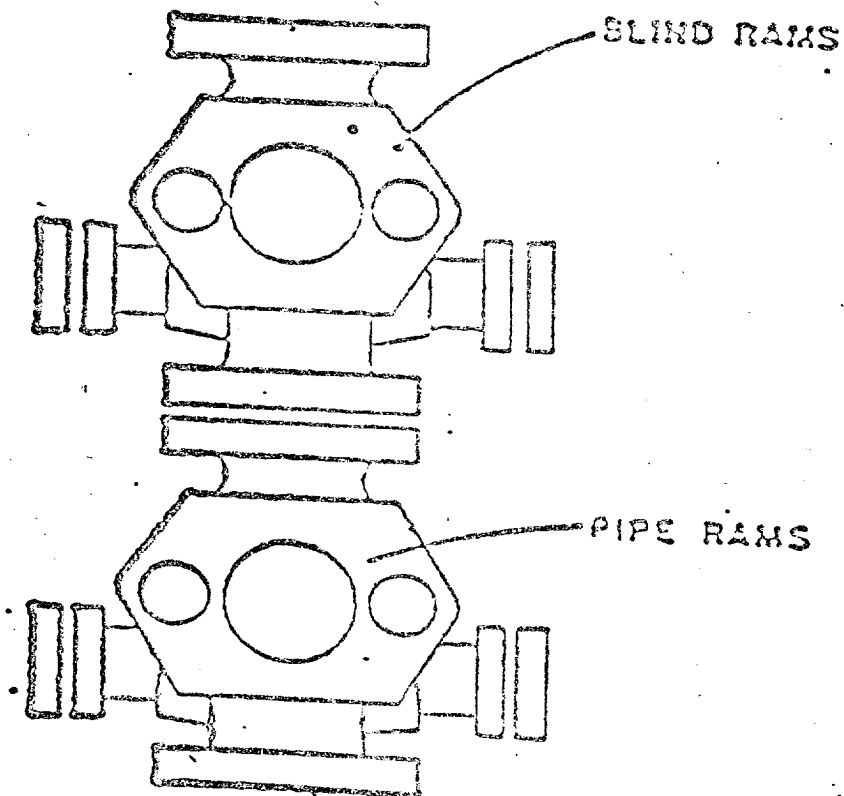
1. Rig up, POH w/completion assy.
2. Clean out OH 3020-3346' @ top of junk.
3. RIH w/tbg to 3400', run rods & pump w/pump unseated.
4. Spot 1500 gals C-Dex (CaSO₄ Scale Dissolver) across formation.
5. Seat pump & SI for 24 hrs.
6. Displace C-Dex into formation by pmpg down annulus.
7. Shut in 24 hrs. Pump for test & return to production.

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 10/11/78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE OCT 17 1978
CONDITIONS OF APPROVAL, IF ANY:



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name J. L. Keel "B"

Well No. 10

Location 660' FNL & 1980' FEL
Sec 8-17S-31E, Eddy County, N.M.

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.