UN' TO STATES DEPARTMEN. OF THE INTERIOR verse side)

SCEMIT IN TRIPI

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO. LC-029435 (b)

OLOGICAL	SURVEY		
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(Do not use this form for proposals to drill or to despen or flux back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.) OIL WELL WELL OTHER RECEVED 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME J. L. Keel B 9. WELL NO. P. O. Box 1710, Hobbs, New Mexico 88240 1. LOCATION OF WELL (Report location clearly and in accordance with any State Register Exercises See also space 17 below.) At surface 660' FNL & 1980' FEL (Unit letter B) 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 16. COUNTY OR PARISH 13. STATE	SUNDRY NOTK	G. IF INDIAN, ALLOTTEE OR TRIBE NAME					
OLL WELL OTHER 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 of See also space 17 below.) At surface 660' FNL & 1980' FEL (Unit Letter B) 10. L. Keel B 9. WELL NO. 10. FIELD AND FOOL, OR WILDCAT Grayburg Jackson 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 8-17S-31E 14. FERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, ctc.) 17. COUNTY OR PARISH 13. STATE	(Do not use this form for broboss	is to drill or to deemen or cit	ug back to a d ch proposals.)	lifferen t re s			
Atlantic Richfield Company Atlantic Richfield Company D. D. Box 1710, Hobbs, New Mexico 88240 Location of well (Report location clearly and in accordance with any State Accordance Field and Fool, or wildcare See also space 17 below.) At surface 660' FNL & 1980' FEL (Unit letter B) 10. FIELD AND FOOL, OR WILDCARE Grayburg Jackson 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 8-17S-31E 14. PERMIT NO. 15. FLEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE	OIL GAS OTHER		REC	EIV	ED	7. UNIT AGREEMENT NAM	(E
9. WELL NO. P. O. Box 1710, Hobbs, New Mexico 88240 Location of well (Report location clearly and in accordance with any State Location clearly a	2. NAME OF OPERATOR		007	1.8 19	78		
10. FIELD AND POOL, OR WILDCATE LEOCATION OF WELL (Report location clearly and in accordance with any State Continue Care Care Care Continue Care Care Care Care Care Care Care Car	Atlantic Richfield Compa	ny -					
See also space 17 below.) At surface 660' FNL & 1980' FEL (Unit letter B) 660' FNL & 1980' FEL (Unit letter B) 8-17S-31E 14. PERMIT NO. 15. FLEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE	P. O. Box 1710, Hobbs, N	ew Mexico 88240					DELL DOLLE
660' FNL & 1980' FEL (Unit Letter B) 8-17S-31E 14. FERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE	See also space 17 below.)	early and in accordance with a	any State regi	Macon Catsi ii	ICE	•	
14. PERMIT NO. 15. PLEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE	660' FNL & 1980' FEL (Un	it letter B)					LK, AND
14. PERMIT NO.						8-17S-31E	
	14. PERMIT NO.	15. ELEVATIONS (Show whether	er DF, RT, GR, etc	c.)		12. COUNTY OR PARISH	13. STATE

3812' GR Eddy Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16.

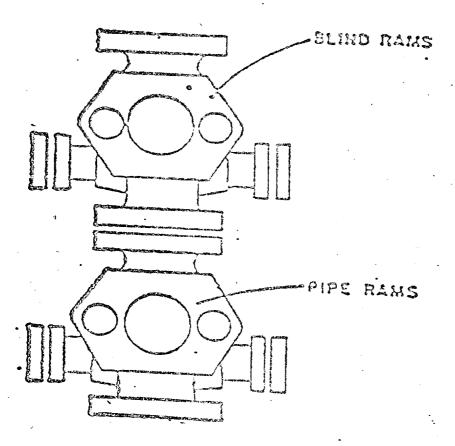
NOTICE OF INTENTION TO:			SUESEQUENT REPORT OF .			
-		 ;	ſ		Ľ	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	w.	ATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT	MULTIPLE COMPLETE		RACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	ABANDON*	SI	HOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL	CHANGE PLANS		Other)(Note: Report resu	ults of multiple	completion on Well	
(Other) Troot II/Co	SO, Scale Dissolver L	X	Completion or Reco	inpletion 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.

a Villa discontinuo de trans and conset				
8. I hereby certify that the foregoing is true and correct				
SIGNED - Kon Know	TITLE _	Dist. Drlg. Supt.	DATE	10/11/78
/				
(This space for Federal or State office use) APPROVED BY	TITLE _	ACTING DISTRICT ENGINEER	DATE _	OCT 17 1978
CONDITIONS OF APPROVAL, IF ANY:				



ATLANTIC RICHFIELD COMPANY Blow Out Preventer Program

Lease Nan	c J. L. Kee	1 "B"	Programma alle a decembración de la companyación de la companyación de la companyación de la companyación de l
Tell No.	10		
Location	660' FNL &	1980' FEL	
-	Sec 8-17S-3	lE, Eddy Cour	nty, 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.