

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

6. LEASE DESIGNATION AND SERIAL NO.

LC 029426 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Atlantic Richfield Company		8. FARM OR LEASE NAME H.E. West "B"	
3. ADDRESS OF OPERATOR P.O. Box 1978, Roswell, New Mexico 88201		9. WELL NO. 21	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL, 660' FWL (Unit Letter M)		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
14. PERMIT NO.		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 10, T17S, R31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3889' Grd		12. COUNTY OR PARISH Bosque	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 and 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.)*

Work started 5/28/70. Added perforations @ 3416, 3417, 3418, 3451, 3453, 3455, 3457, 3482, 3484, 3490, 3492, 3496, 3498, 3502, 3563, 3567, 3577, 3581, 3636, 3640, 3642, 3644, 3646, 3700, 3736, 3738, 3774 & 3775 (28 holes) w/one 1/2" JS each. Treated these perforations w/1500 gallons 15% LSTNE HCl acid & ball sealers. Frac'd w/40,000 gallons of slick water containing 40,000# of 20/40 sand, and 5600# rock salt in 10# brine containing 50#/1000 gal gel, in four stages. Reran rods & pump and returned well to production. Job complete 6/1/70. On test 6/14/70 pumped 75 BO & 50 BW.

RECEIVED

JUN 17 1970

D. C. C.
ARTESIA, OFFICE

RECEIVED

JUN 16 1970

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED W. L. ButcherTITLE District Drlg Supervisor DATE 6/15/70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD PURPOSES

JUN 16 1970
Date

ACTING District Engineer

*See Instructions on Reverse Side