

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other inst.
verse side)PLICATE*
ons on re-Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 031844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fren Oil Co.

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

Cedar Lake-Abo

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

Sec. 19, T17S, R31E

1.

OIL
WELL ☒ GAS
WELL ☐ OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1978, Roswell, New Mexico 88201

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

At surface

900' FSL & 1980' FEL (Unit letter O)

14. PERMIT NO.

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

3590' GL

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Temporarily Abandon

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

This well is averaging less than 3 BOPD from Abo perms 6928-6982' and no remedial possibilities exist. We propose to temporarily abandon Abo by setting a 4½" CIBP at approximately 6875' and loading 4½" casing with treated fresh water. Hold well for possible Grayburg-Jackson waterflood recompletion.

RECEIVED

JAN 11 1971

ARTESIA, OFFICE

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

SIGNED

OL. [Signature]

TITLE

Dist. Drilling Supervisor

DATE

1/11/71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AN

H. L. BECKMA

*See instructions on Reverse Side