

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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.

20

10. FIELD AND POOL, OR WILDCAT

Cedar Lake-Abo

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

Sec. 19, T-17S, R-31E

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

990' FSL & 1980' FWL (Unit letter N)

14. PERMIT NO.

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

3610' 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Temporarily Abandon

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\*

(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.)\*

Abo production from this well is less than 1 BOPD + 20 BWPD and no remedial possibilities exist. We propose to temporarily abandon well by setting 4½" 11.6# CIBP at approximately 6875' and loading casing with treated fresh water. Hold well bore for possible Grayburg-Jackson waterflood recompletion.

**RECEIVED**  
JAN 13 1971  
O. E. L.  
ARTESIAN OFFICE

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

SIGNED

*W. D. Spetches*

TITLE

Dist. Drlg. Supervisor

DATE

1-11-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**APPROVED**

JAN 12 1971  
*T. R. L. Beekma*  
T. R. L. BEEKMA  
ACTING SUPERVISOR

\*See Instructions on Reverse Side