

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other Instru
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 060409.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Friess Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Fren-7 Rivers

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

Sec. 19, T17S, R31E

1.

OIL ☒ GAS ☐
WELL 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

2310' FSL & 1650' FEL (Unit letter J)

14. PERMIT NO.

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

3609' DF

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)

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* ☐Temporarily Abandon ☒(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 was T. A. on 11/27/72 by pulling rods and tubing and capping well w/2000# valve. We are holding well for waterflood study.

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

SIGNED

A. D. Hutchins

TITLE

Dist. Drlg. Supervisor

DATE

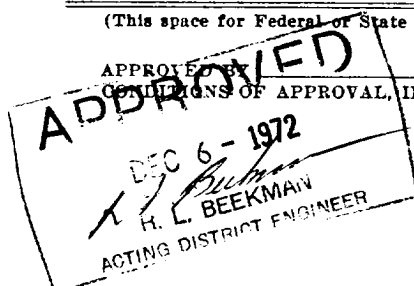
11/30/72

(This space for Federal or State office use)

APPROVED
SIGNATURES OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side