

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 029392 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

East Shugart Unit WF

8. FARM OR LEASE NAME

East Shugart Unit

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Shugart, Y, 7R, Q & G

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

Sec. 35, T-18S, R-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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

2310' FNL & 990' FWL (Unit Letter E)

14. PERMIT NO.

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

3635' CTF

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) Well Name Change

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.) *

Effective July 1, 1969, the above well will become a part of the Atlantic Richfield Company East Shugart Unit Waterflood. The well name will be changed from the Hinkle "A" Well No. 9 to the East Shugart Unit Well No. 12.

RECEIVED

JUL 9 1969

O. C. C.
ARTESIA, OFFICE

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

SIGNED

TITLE Dist. Drlg. Supervisor

DATE

7-1-69

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

DATE

ACCEPTED FOR RECORD PURPOSES ONLY
JUL - 8 1969

Date

ACTING

District Engineer

*See Instructions on Reverse Side