

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

CORRECTED REPORT \*\*

Form approved.  
Budget Bureau No. 42-B1424.

## 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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM - 02402
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR 501 Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo. 80295		7. UNIT AGREEMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface ** Unit D (NW NW) - 790' f/North & 790' f/West Lines, Sec. 20		8. FARM OR LEASE NAME Chacon Federal
14. PERMIT NO. Mr. Barrick 8/24/78		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6879' GR (Ungraded)		10. FIELD AND POOL, OR WILDCAT Chacon Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 20-24N-3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

## 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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud & set surface casing <input checked="" 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 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.)\*

9/9/78 335' WOC. Spud 12-1/4" hole @ 2:00 pm, 9/9/78. Drld 12-1/4" hole to 335'.  
Ran 8 jts, 317.1h', 8-5/8" OD 24#, K-55 8rd ST&C R-3, new casing, set  
at 332' RKB meas. Cemented w/275 sx Class "B" plus 2% CaCl<sub>2</sub> plus  
1/4#/sack Flocele. Good circl. thruout. Job complete @ 8:00 pm, 9/9/78.

9/10/78 920' Drilling  
9/11/78 2180' Drilling  
9/12/78 3073' Drilling  
9/13/78 3640' Drilling  
9/14/78 4230' Drilling  
9/15/78 4780' Drilling  
9/16/78 5340' Drilling

CORRECTED REPORT \*\*

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager  
W. A. Walther, Jr.  
(This space for Federal or State office use)DATE 9-18-78.APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_