

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R-1424.

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-080472-A	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR Suite 501, 1860 Lincoln St., Denver, Colorado 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  (SE NE) 1650' FNL & 850' FEL Section 30		8. FARM OR LEASE NAME Chacon Federal	
14. PERMIT NO. API# 30-039-21839		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7098' GR. 7112' KB		10. FIELD AND POOL, OR WILDCAT Chacon-Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30-24N-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SPUD and Set Surf. Csg. <input checked="" type="checkbox"/>	
(Other) <input 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.)\*

10-15-78 SPUD 12-1/4" hole @ 5:00 P.M. Ran 7 jts. 8-5/8" OD 2L# K55 ST&C R3 New Csg. set @ 291' KB cmt. w/300 sx. Class "B" w/3% CaCl + 1/4# Flocele per sx.  
10-16-78 FD 3:30 A.M. Good Circ. Circ. approx. 12 bbls. cmt. to pit Cmt. @ 250' Drld. to 848' Test BOP, Valves, etc.  
10-17-78 Drlg. @ 1734' (6:00 A.M. 10-18-78)



18. I hereby certify that the foregoing is true and correct  
SIGNED W. A. Walther, Jr. TITLE Operations Manager

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

RECEIVED  
OCT 18 1978

OCT 19 1978

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.

\*See Instructions on Reverse Side