

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>MI-95791</b>
2. NAME OF OPERATOR <b>Atlantic Richfield Company, Successor by Merger to Sinclair Oil Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>501 Lincoln Tower Bldg., 1860 Lincoln Street., Denver, Colo. 80203</b>		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 <b>Unit Letter "F" - 1850' E/North &amp; 1450' E/West lines Sec. 3</b>		8. FARM OR LEASE NAME <b>Graham "F" W Federal</b>
14. PERMIT NO. <b>Mr. McGrath, 4/8/69</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>5834' OL</b>	9. WELL NO.
		10. FIELD AND POOL, OR WELDCAT <b>Se. 1/4 Sec. 3, T. 12 N., R. 10 E., S. 4 E.</b>
		11. SEC. T. R. N., OR S.W. 1/4, AND SURVEY OR AREA <b>Sec. 3-27E-S4E</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>New Mexico</b>

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) <b>Setting motion casing</b>	
(Other)		(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.) \*

MI surface hole digger. Spudded 12-1/4" hole @ 1:00 p.m., 5/1/69. Rcd 12-1/4" hole to 186'. Set 6 jts 8-5/8" OD 21# J-55 N Casing @ 186', grd meas, w/ 150' in Class "A", 12% D-53, 3% CaCl<sub>2</sub>. Plug down 10:15 a.m. 5/2/69. WOC.

4 cmr circ.

To move in rotary from Marmon W Federal, Well #7.



RECEIVED

MAY 7 1969

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

SIGNED

*M. E. Brown*  
**M. E. Brown**

TITLE **Chief Office Clerk**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

**May 3, 1969**

DATE