

**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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC 067968

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
J. H. McClure "A"

9. WELL NO.
22

10. FIELD AND POOL, OR WILDCAT
Undesig. Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T24S, R38E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

1. OIL WELL GAS WELL OTHER **Drilling well**

2. NAME OF OPERATOR
Atlantic Richfield Company

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2310' FNL & 1830' FEL (Unit Letter G)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3169.40' DF

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) _____	
(Other) <input checked="" type="checkbox"/> 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.)*

Extensive pump testing of Devonian perms 7829-7938' resulted in non-commercial production of less than 1 BOPD. We propose to T.A. this well by pulling tubing and capping w/2000# WOG valves. Well will be held for possible recompletion attempts.

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

SIGNED *C.L. Sattles* TITLE District Drlg. Supv. DATE 8/28/73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 29 1973
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side