

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instruction on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 07190C (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER SWD Well

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Atlantic Richfield Company

8. FARM OR LEASE NAME

Lea 6015 ARC Federal

3. ADDRESS OF OPERATOR

P. O. Box 1978, Roswell, New Mexico 88201

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

660' FSL & 1980' FEL (Unit letter O)

10. FIELD AND POOL, OR WILDCAT

West Teas SWDS

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

Sec. 9, T20S, R33E

14. PERMIT NO.

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

3541' GR

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

In accordance with NMOCC Order No. R-3588-A, we propose to add perforations in this well from 3054-3061' & 3066-3090' (Soniclog) w/2 JSPF and treat these new perforations with 3000 gallons of 15% HCl acid. Injection will be down 2-3/8" plastic lined tubing with packer set at approximately 3000' and annulus will be filled with treated water.

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

SIGNED

D.D. Hutchins

TITLE

Dist. Drlg. Supervisor

DATE

12/16/70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
DEC 17 1970
AKIMUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse

**UNIT STATES
DEPARTMENT OF THE INTERIOR
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SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
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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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD well</p> <p>2. NAME OF OPERATOR Atlantic Richfield Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FEL (Unit letter O)</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC 071900 (a)</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Lea 6015 ARC Federal</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT West Teas SWDS</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-T20S-R33E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE N.M.</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3541' GR</p>

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) _____ <input type="checkbox"/>	
(Other) Plug & Abandon <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.)*

TD 3300'. PBD 3240'. Presently perf'd 3054-3214'.
 9-5/8" OD 32.30# H-40 csg set @ 1357'. Cemented to surface.
 7" OD 20# J-55 csg set @ 3022'. Cemented to surface.
 5" OD 11.5# J-55 liner from 2974-3300' w/50 sx cement circulated.

Propose to plug & abandon in the following manner:

1. Install BOP. POH w/tbg & pkr.
2. Run 7" 20# cmt retr on tbg & cmt squeeze perms 3054-3214' w/100 sx.
3. Load 7" csg w/9# gelled mud. Spot 215 sk cmt plug across salt section 1357-2562'.
4. Cut off & recover casing heads.
5. Spot 10 sk cmt plug @ surface.
6. Install regulation dry hole marker. Clean & level location.

- AMENDMENT:**
1. Cement plug in step 3 should extend from 1250 feet to 2930 feet.
 2. After removing all equipment and cleaning location, all compacted surfaces should be ripped in accordance with the attached recommendations.

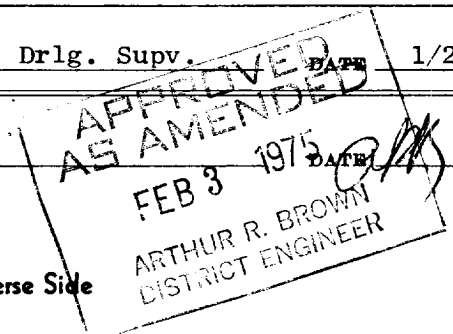
18. I hereby certify that the foregoing is true and correct

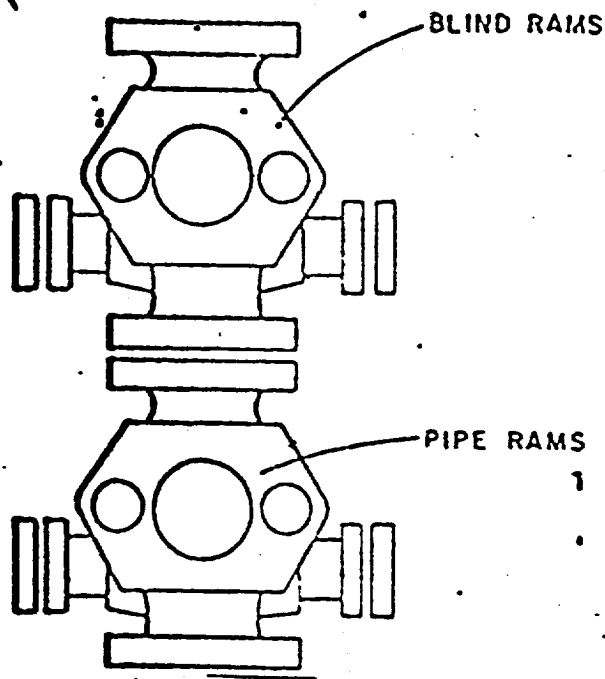
SIGNED Arthur R. Brown TITLE Dist. Drlg. Supv. DATE 1/21/75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:





ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Lea 6015 ARC Federal

Well No. 1

Location 660' FSL & 1980' FEL
Sec 9, T20S, R33E, Lea County

BOP to be tested before installed on well and will be maintained in good working condition during workover. All wellhead fittings to be of sufficient pressure to operate in a safe manner.