

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE
(Other inst. on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

LC 029435 (b)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Atlantic Richfield Company	8. FARM OR LEASE NAME J.L. Keel "B"
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201	9. WELL NO. 14
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FEL (Unit Letter P)	10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T17S, R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3868' GR	12. COUNTY OR PARISH Eddy
	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 <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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.) *

Treated open hole 3059-3728' w/total of 25,000# 20/40 sand & 25,000 gallons slick fresh water in 4 stages separated by rock salt and using temperature surveys to monitor zones receiving treatment. On 12/23/70 well pumped 18 BO & 212 BW in 24 hrs.

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

SIGNED R.D. DretchesTITLE Dist. Drilling Supervisor DATE 12/30/70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY: _____

TITLE _____

DATE _____

ACCEPTED FOR RECORD PURPOSES

DEC 31 1970

Date

ACTING District Engineer

*See Instructions on Reverse Side