N. M. D. C. C. COST

DEPART'....IT OF THE INTERIOR (Other Instruct verse side) 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC029435(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.) 7. UNIT AGREEMENT NAME WELL X GAS WELL OTHER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME Atlantic Richfield Company J. L. Keel "B" 3. ADDRESS OF OPERATOR 9. WELL NO. P. O. Box 1710, Hobbs, New Mexico 88240

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.) 20 10. FIELD AND POOL, OR WILDCAT At surface Grayburg-Jackson 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660' FNL & 660' FEL (Unit letter A) Sec. 6, T17S, R31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

3769' GR

16.

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CASING	_ _ _	
REPAIR WELL (Other)		CHANGE PLANS	(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.)*

Premier perfs 3080'-3110' are presently producing about 4 BOPD & 196 BWPD. We propose to squeeze cement these perforations w/100 sx of Class H cement. We also propose to treat Metex perfs 2974'-2978' w/2500 gal of 15% HCl acid & Vacuum perfs 3191'-3194' w/2500 gal of 15% HCl acid & produce these zones w/rod pump.



Eddy

N.M.

18. I hereby certify that the foregoing is true and correct		
SIGNED O.D. Fretches	TITLE _	District Drlg. Supv. DATE 10/01/73
(This space for Federal or State office use)		
APPROVED TO CONDITIONS OF APPROVAL, IF ANY:	TITLE _	DATE
DROW		
1576		

*See Instructions on Reverse Side