		N. M.	G	Cipy to SF				
Form 9-331 (May 1963)	LDADIN.	TED STATES	S SUBMIT IN TRI CATES		Bud	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.		
ט	EPARTMENT OF THE INTERIOR (Other instructions on re- geological survey					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.						EMENT NAME		
MELL X MELL CAR		RECEIVED						
2. NAME OF OPERATOR					1	8. PARM OR LEASE NAME		
Atlantic Richfield Company GCT 2 6 1973						J. L. Keel "B" 9, WELL NO.		
3. ADDRESS OF OPERATOR						23		
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						10. FIELD AND POOL, OR WILDCAT		
						Grayburg Jackson		
					11. SEC., T., SURVE	R., M., OR BLE Y OR AREA	K, AND	
660' FSL & 1980' FWL (Unit letter N)					Sec. 6	T17S, I	R31E	
14. PERMIT NO.		15, ELEVATIONS (Show w	hether DF, RT	, GR, etc.)		OR PARISH		
		3740'	GR		Eddy		N.M.	
16.	Check Apr	propriate Box To Ind	icate Nat	ure of Notice, Report, or	Other Data		e	
NOT	ICE OF INTENT	HON TO:	and the second	subs	EQUENT REPORT	ri E		
TEST WATER SHUT-OFF	P	ULL OR ALTER CASING	\neg \mid	WATER SHUT-OFF		EPAIRING WE	LL	
PRACTURE TREAT		ULTIPLE COMPLETE		FRACTURE TREATMENT		LTERING CAS	ına	
SHOOT OR ACIDIZE	X	BANDON*		SHOOTING OR ACIDIZING	HB 등 등 🔺	BANDONMENT	•	
REPAIR WELL	c	HANGE PLANS	_	(Other) (Nore: Report resu	lts of multiple c	ompletion on	Well	
(Other)	N PLETED OPE	AATIONS (Clearly state all	pertipent o	Completion or Reconsideralls, and give pertinent data	es including est	mated date	of starting any	
proposed work. If we nent to this work.) *	ell is direction	nally drilled, give subsurf	face location	is and measured and true ver	tical depths for	all markers s	and zones perti	
Production in t	his well	l has declined	to 1 B0	OPD & 1 BWPD. We	propose to	clean	out,	
open hole w/bit	& treat	w/4000 gal of	15% HO	Cl acid in an atte				
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						1.66 1.02 1.03 1.03 1.03 1.03 1.03 1.03 1.03 1.03	1-	
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				EIV		୍ରିଆ ଓ ଅଧିକ । ଆଧାର ଜୁଲ୍ଲ	i.	
				OCTION			17	
				3. S. Sur 2 973	}	The property of the control of the c	- 3 _	
				AKTEON OF CALL S	Votini Pari		<i>3</i>	
				Mr.	小のなり	អ៊ូម៉ូ ខ្គ មុន្ត ទីជ្ញី	.1	
				RECEIV OCT 19 1973 3. S. SECLOSICAL S. ARTESIA, ALLE MEN		TENNITE CONTROL OF THE TOTAL OF	\$ 95 5	
18. I hereby certify that th	oforegoing is	true and correct				8 <u>दे</u>	ii.	

SIGNED DIST. DIST. Drlg. Supv. DATE 10/18/73

(This space for Federal or State office use)

APPROVED BY:

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side