Perm 9-331 (May 1963) DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY			(Ω+ban 1-a+	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LC-031844
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. "See "APPLICATION FOR PERMIT—" for such proposals.)				6.15 INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS OTHER 2. NAME OF OPERATOR				7_UNIT AGREEMENT NAME
Atlantic Richfield Company /				Fren Oil Company
P. O. Box 1978, Roswell, N.M. 88201				9-WELL NO. 1 STEET TO THE STEET
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 Fren-SevenRivers
660' FSL & 1980' FEL (Unit letter 0)				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15 ELPRATIONS	(Show whether DF, BT,	on the S	Sec. 19, T17S, R31E
	į.	0' GR	GR, etc.)	12. COUNTY OR PARISH 13. STATE
16.	Check Appropriate Box	To Indicate Natur	re of Notice, Report,	or Other Data
	NOTICE OF INTENTION TO:	1		SSEQUENT REPORT OF:
TEST WATER SHUT-	PULL OR ALTER CA.	SING	WATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	MULTIPLE COMPLE	re	FRACTURE TREATMENT	ALTERING CASING
SEGOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
COther) Temp	change Plans orarily Abandon	$\frac{1}{x}$	(Other)	sults of multiple completion on Well
17. DESCRIBE PROPOSED O	B COMPLETED OPERATIONS (Clearly	state all pertinent det	Completion or Rec	completion Report and Log form.)
March,	April & May, 1971 D. A test on 6/2	productio	n from this w	
	_We_propose to te			
	d tubing and capp			
	ll be held for a	secondary	recovery stud	▓살되죠?라 등 영화품환
	RECEIVEL	REAUC	EIVED 3171971 01.0610AL SURVEY 01.0610AL MERICO	itting distribution of the control o
		11. S. GE	Mark term	ind for such that to such that the such that
	AUG 1,9 1971	His c.	•	a designed for subme additionable of the subme of the sub
•	O. C. C.			A dead a land a
18. I hereby certify that	the following is true and correct	Dist.	Drlg. Superv	isor 4 5 4 7 1
(This space for Fede	eral or State office use)			
APPROVED BY	PROPAL, IF ANY:	TITLE	•	Test of the condition o
DDROW 1, 8-197	*5	ee Instructions on	Reverse Side	Cere- Dead and Leng- Dead, area Rem Item Item Item Item Item Item Item It