(Other)

(May 1963)		NITED STATES	SUBMIT IN " PLICATE*	
•	DEPAR	ENT OF THE INTER	RIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	G	EOLOGICAL SURVEY		LC C31844
(Do		CES AND REPORTS		6. IF INDIAN, ALLOTTES OR TRIBE NAME
OIL WELL [	GAS OTHER	emporarily Abar	ndoned	7. UNIT AGREEMENT NAME
2. NAME OF	OPERATOR	/		8. FARM OR LEASE NAME
At	lantic Richfiel	ld Company ⊬		Fren Oil Co.
P. O. Box 1978, Roswell, New Mexico 88201				9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  900' FSL & 1980' FEL (Unit letter O)				10. FIELD AND FOOL, OR WILDCAT Cedar Lake-Abo 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 19, T175, R31E
14. PERMIT	NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		3590' GL		Eddy N.M.
16.	Check App	propriate Box To Indicate	Nature of Notice, Report, or C	Other Data
	Nomice on the state of the stat			UENT REPORT OF:
FRACTU	RE TREAT M	CLL OR ALTER CASING ULTIPLE COMPLETE BANDON* HANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Temporari	ALTERING CASING ABANDONMENT*

Mary Street Street

(Other) Temporarily Abandon
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. DESCRIBE PROPOSED OF 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.)\*

This well has been temporarily abandoned by setting a CIBP at 6875', loaded  $4\frac{1}{2}$ " casing with treated fresh water and capping well with 2000# WOG valve. Job complete @ 5:00 PM 1/19/71. Will hold well for possible Grayburg-Jackson waterflood recompletion.

REGERMED

RECEIVED JAN21 1971

10. T. b		
18. I hereby certify that the foregoing is true and corn		g. Supervisor DATE 1/20/71
(This space for Federal or State office use)		**************************************
APPROVED BY CONDUCTOR OF APPROVAL IF ANY:	TITLE	DAT.
DROWN ANT		
ADDA 197/		

\*See Instructions on Reverse Side