

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424

## 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 029435 (b)	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 430' FSL & 2250' FEL (Unit letter O)		8. FARM OR LEASE NAME J. L. Keel B	
14. PERMIT NO.		9. WELL NO. 30	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3760.4' GR		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-17S-31E	
		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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud, run surf. csg &amp; cmt

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Spudded 12 1/4" hole @ 5:45 PM on 2/4/75. Drld to 507'. WIH w/11 jts 8-5/8" OD 8rd 24# K-55 csg w/guide shoe & float collar set @ 506'. Ran 3 cents. 374-491'. Cmtd csg w/375 sx Cl C 2% CaCl w/1#/sk Celloflake. Plug down w/950#. Circ cmt to surface. JC @ 1:41 PM 2/5/75. WOC 8 hrs. To comply with Rule 107, Option 2, the following information is furnished:

- Volume of cmt slurry (cu.ft) type & additives.  
496 cu ft Class C cmt w/2% CaCl<sub>2</sub> & 1/4# Cellophane flakes 1st half. Class C cmt w/2% CaCl<sub>2</sub> 2nd half.
- Approximate temperature of cmt slurry when mixed. 80°.
- Estimated minimum formation temperature in zone of interest - 75°.
- Estimate of cement strength@ time of casing test - 800# psi.
- Actual time cmt in place prior to starting test. 8 hrs.

Pressure tstd BOP &amp; casing to 600# for 30 mins. Tested OK.

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

SIGNED

TITLE

Dist. Drlg. Supv.

DATE 2/19/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side