UNITED STATES No. DEPARTM TOF THE INTERIOR (Other instruction on re-

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GŁ LOGICAL SURVEY

LC 029435 (b)

SUNDRY N	OTICES	AND	REPORTS	ON	WELLS
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not use this form for proposals to drill or to deepen or plus book t

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Use "APPLICATION FOR PERMIT—" for such proposals.)					
OIL X GAS COTHER		RECEIVED	7. UNIT AGREEMENT NAME		
NAME OF OPERATOR			8. FARM OR LEASE NAME		
Atlantic Richfield Comp	pany	FFR 9 1 1975	J. L. Keel B		
ADDRESS OF OPERATOR		TED 2 1 101 0	9. WELL NO.		
P. O. Box 1710, Hobbs,	New Mexico 88240	_	30		
LOCATION OF WELL (Report location clearly and in accordance with any State requirements. C. See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT		
			Grayburg Jackson SA		
430' FSL & 2250' FEL (Unit letter 0)		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARKA			
			6-17S-31E		
4. PERMIT NO.	15. BLEVATIONS (Show whether DF	RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE		
3760.4' GR		Eddy N.M.			
6. Charle An		- (National Date of	N. D.		

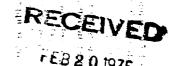
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL		
FRACTURE TREAT		MULTIPLE COMPLETE		PRACTURE TREATMENT ALTERING CASING		
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT*		
REPAIR WELL		CHANGE PLANS		(Other) Spud, run surf. csg & cmt	X	
(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.)

Spudded $12\frac{1}{4}$ " 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:

- 1. Volume of cmt slurry (cu.ft) type & additives. 496 cu ft Class C cmt w/2% CaCl2 & 1# Cellophane flakes 1st half. Class C cmt w/ 2% CaCl₂ 2nd half.
- 2. Approximate temperature of cmt slurry when mixed. 80°.
- 3. Estimated minimum formation temperature in zone of interest 75°.
- 4. Estimate of cement strength@ time of casing test 800# psi.
- 5. Actual time cmt in place prior to starting test. 8 hrs.

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



U. S. GEOLOGICAL SURVEY

			2.11.12.00G	A NEW MEYING	
18. I hereby certify that the foregoing is true and correct			NEW MEXICO		
SIGNED & Banna	TITLE _	Dist. Drlg. Supv.	·	DATE 2/19/75	
(This space for Federal or State office use)					
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _			DATE	

*See Instructions on Reverse Side

J Bu him