| | | | الاتيك لامريكي ديرين الداري | |
|---|--|--|---|--|
| | | | SUBMIT IN TRI ATE* (Other instruction. on re- verse side) | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LC 063427 |
| 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.) | | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 1. OIL GAS WELL OTHER | | | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR | | | | 8. FARM OR LEASE NAME |
| Atlantic Richfield Company 3. ADDRESS OF OPERATOR | | | | Carruth WN Federal 9. WELL NO. |
| P. O. BOX 1978, ROSWell, New Mexico 88201 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | | | | 2 |
| See also space 17 below.) At surface | | | | 10. FIELD AND POOL, OR WILDCAT Sawyer-San Andres 11. SEC. T. R. M. OR ELK. AND |
| 1650' FSL & 1980' FEL (Unit Letter J) | | | | SURVEY OR AREA SURVEY OR AREA Sec. 25, T9S, R37E |
| 14. PERMIT NO. | 15. ELEVATIONS | (Show whether DF, RT, G | 1, etc.) | 12. COUNTY OF PARISH 13. STATE |
| | 39 | 55' GR | | Lea N.M. |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | | | |
| - | | r, | SUBSEQ | DENT REPORT OF : |
| TEST WATER SHUT-O | | | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT Shoot or acidize | ABANDON* | | SHOOTING OR ACIDIZING | ALTERING CASING |
| REPAIR WELL | CHANGE PLANS | | (Other) | |
| (Note: Report results of | | | | of multiple completion on Well letion Report and Log form.) |
| 17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)* | COMPLETED OPERATIONS (Clearly s well is directionally drilled, give | state all pertinent deta subsurface locations a | ily and size nextinent dates | including estimated date of starting any al depths for all markers and zones perti- |
| 200 MCF No reme P & A a l. Squ dis 2. Pla 9#/gal casing to surf and loc AMENDMENT: PL | dial or recomplets shown below: eeze cement perfect place top of ceme ce 10 sx cement gel mud will be a 414' and 2-7/8 ace and will rema ation cleared in ace additional 200' | he well is tion possib s 4911-4950 ent in 2-7/2 in top of we left between " 6.5# casing ain intact. accordance (minimum) ceme | no longer econd ilities exist. w/35 sx of Cla 8" casing to ap ell. n cement plugs ng set at 5038 Dry hole mark with NMOCC red | <pre>omical to produce. We propose to ass C cement oprox. 4600'. 7-5/8" surface were cemented were cemented ker will be installed gulations.</pre> |
| 18. I hereby certify that SIGNED | the foregoing is true and correct | TITLE Dist | Drlg. Supervi | sor 1/8/73 |
| | al or State office use) | | TO CHE | ×20 |
| APPROVED BY CONDITIONS OF AP | | TITLE | JAN - JAN | |
| *See Instructions on Reverse Side | | | | |
| | | | | |

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