16.

HN" TO STATES

SUBMIT IN TRIPI

Form approved.

SUBSEQUENT REPORT OF:

	Budget	Bureau		
5. LEASE	DESIGN	ATION A	ND SEE	

16.	Charle Ampron	riate Roy To Indicate	Nature of Notice, Report,	or Ot	her Data		
		3515.6' GR			Lea	N.M.	
14. PERMIT NO.	15.	ELEVATIONS (Show whether	DF, RT, GR, etc.)		12. COUNTY OR PARISH	13. STATE	
))O 1111	. 4 2310 1 112 (0112)	,			28-22S-36E		
990' FNL & 2310' FWL (Unit letter C)					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
Atlantic Richfield Company 3. ADDRESS OF CPERATOR P. O. Box 1710, Hobbs, New Mexico 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNI. & 2310' FWI. (Unit letter C)				Wildcat			
P. O. BO	X 1/10, HODDS, Nev	V Mexico 00240 and in accordance with an	y State requirements.		10. FIELD AND POOL, O	WILDCAT	
o. Abballab of t	1710 U-11 - N	- Marriag 992//	U. S. GEO. NEW		1		
Atlantic Richfield Company Atlantic Richfield Company B. O. Box 1710, Hobbs, New Mexico 88240 D. S. GEOLOGICAL SURVEY ORBS, NEW MEXICO				9. WELL NO.			
At the control of the			્ષ્ટ્રે	Langley Deep			
					8. FARM OR LEASE NAME		
OIL	GAS X OTHER		DEP 1 .020		, only addressed to		
(Do not u	Use "APPLICATION	FOR PERMIT- for such	proposals.)		7. UNIT AGREEMENT NA	ME	
	SUNDRY NOTICES	AND REPORTS	ON WELLS back to a different reservoir.				
					G. IF INDIAN, ALLOTTEE		
		OGICAL SURVEY			LC-030133 (b)	
May 1965)	DEPARTMEN	OF THE INTER	CIOR (Other instructions verse side)	76- -	5. LEASE DESIGNATION		

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
EST WATER SHUT-OFF RACTURE TREAT HOOT OR ACIDIZE EPAIR WELL Other) PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	water shut-off FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) ST, Core, Log, Run 7" csg, Cmt X (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.)*

Finished drlg to 9491' @ 6:30 AM 12/13/77. DST #1 Strawn 9462-9491'. TO @ 8:00 AM 12/14/77 w/strong blow. GTS in 12 mins. Max 58#, 28/64" ck. Tool closed @ 8:30 AM for 1 hr ISIP. TO @ 9:30 Am for 4 hr FFP w/50# on 28/64" ck. Oil to surf @ 10:50 AM. Flwd thru sep 2-1/2 hrs, flwg DP psi 50-190% on 28/64" ck, rec 18 BO 1st hr, 11 BO 2nd hr, 8 BO 1ast 30 mins. Gas ADRO 50-300 MCFGPD w/well flwg in heads. Tool closed @ 1:30 PM 12/14/77 for 2-1/2 hr FSIP. Rel pkr @ 4:00 PM 12/14/77. PU 90' & RO 59 BO & 9 BW. POH w/test tools. IHP 4429 IFP 657-1291, ISIP 3503, FFP 1379-2867, FSIP 3394, FHP 4429. Spec gravity 42.5 @ 60°. Drld to 10,039'. DST #2 Atoka 10,007-10,039'. TO @ 6:00 AM for 15 min preflow. TO w/weak blow. Closed tool @ 6:15 AM 12/21/77 for 1 hr SI. TO @ 7:15 AM for 2 hr flow period. Op w/weak blow. No GTS. Closed tool @ 9:15 AM for 3 hr SI. Rel pkr @ 12:15 PM 12/21/77. POH w/test tools. Rec 460' wtr cut drlg fluid & 1376' fm wtr. IHP 4827, IFP 87-262, ISIP 3855, FFP 262-787, FSIP 3635, FHP 4871. Drld to 11,110'. DST #3 11,069-11,110' Morrow. TO @ 6:00 AM 1/1/78 for 15 mins IFP max 2#. Tools closed @ 6:15 AM for 1 hr ISIP. TO @ 7:15 AM for 2 h FF, max psi 6-3/4#, no gas or fluid to surf. Closed tools @ 9:15 AM for 4 hr FSIP. Gas to surf @ 9:30 AM. Rel pkr & POH w/test tools. Rec 828' drlg fluid. IHP 5496, IFP 364-319. ISIP 592, FFP 319-364, FSIP 546, FHP 5474. DST #4 Devonian 12,282-12,392'. TO @ 8:00 AM 1/24/78 for 15 min IFP, very weak blow thruout. Tool closed @ 8:15 AM for 1 hr ISIP. TO @ 9:15 AM for 1 hr FFP w/very weak blow thruout w/no gas to surf. Tool closed @ 10:15 AM 1/2 for 90 min FSIP. Test run w/2000' FWB, rec 2000' FWB, 700' wtr cut mud, 2400' DF. IHP 6323 IFP 1011-1178, ISIP 4252, FFP 1346-1458, FSIP 2575, FHP 6267. Drld to 12,480'. DST #5 (cont'd on attached Page 2)

18. I hereby certify that the foregoing is true and correct TITLE Dist. Drlg. Supt.

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

0.0.1.

APR 21 1978

U. S. GECLOGICAL SURVEY HOBBS, NEW MEXICO