

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

C. C. COPY  
SUBMIT IN T  
(Other instruc. on re-  
verse side)

Copy to SF  
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. NM 0467932	
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 law. See also space 17 below.) At surface 330' FNL & 990' FEL (Unit Letter A)		8. FARM OR LEASE NAME W.D. McIntyre	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3668' DF		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson QGSA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-17S-30E	
		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) Shut-in.	<input type="checkbox"/>		

(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.) \*

The above well was shut-in during the month of September, 1963. The well was shut in because it was uneconomical to produce. This well is being held for possible secondary recovery. Since the secondary recovery will be initiated by other operator no date of action is known.

RECEIVED  
OCT 29 1974  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED \_\_\_\_\_ TITLE Dist. Prod. & Drlg. Supt. DATE October 31, 1974

(This space for Federal or State office use)

DATE \_\_\_\_\_

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL 1 - 1975

\*See Instructions on Reverse Side

APPROVED  
DEC 4 - 1974  
L. L. BECKMAN  
ACTING DISTRICT ENGINEER