

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
LC 029435 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. L. Keel "B"

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

5-T17S-R31E

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

ATLANTIC RICHFIELD COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 1920, 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

1980' fr South line and 1980' fr East line

14. PERMIT NO.

15. ELEVATIONS. (Show whether DF, RT, GR, etc.)

3868' GR

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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) ☐

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.)\*

Well presently completed in Grayburg San Andres Open Hole 3006'-3700' TD.  
Producing 0 BOFD and 0 BOFD.

PROPOSE TO: Fish tubing and drill scale from OH 3006-TD. Chemical squeeze treat w/approx. 200 gals. and Sand Water Frac treat w/approx. 30,000 gals. mod. brine gelled and approx. 30,000# sand. Put on pump and return to production.

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

SIGNED

*L. M. Hembree*

TITLE

L. M. Hembree

DATE

4-21-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Orig & 4cc: USGS, Artesia, N.M.

cc: North American Producing Division

cc: file

\*See Instructions on Reverse Side

APR 22 1969

L. BEEKM