

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN  
(Other Instru  
verse side)LOCATE  
on re-Form approved.  
Budget Bureau No. 42-21424.

## 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. LC 029435 (b)	
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 requirements.* See also space 17 below.) At surface  660' FSL & 660' FEL (Unit letter P)		8. FARM OR LEASE NAME J. L. Keel "B"	
14. PERMIT NO.		9. WELL NO. 20	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3769' GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T17S, R31E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Squeeze Cement Premier	(Other) <input checked="" type="checkbox"/>
(Other) <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.)\*

Work started 10/28/73. Squeeze cemented Premier perms 3080-3110' w/274 sx containing 3# sand & 5#/sk gilsonite - squeezed in 3 stages to 4300#. WOC 24. Drld out squeeze job & tested to 800# OK. Treated perms 2974-2978' w/2500 gal 15% HCl-LSTNE acid @ 1.6 BPM w/2100#. Treated perms 3191-3194' w/2500 gal 15% HCl-acid @ 1.6 BPM w/1900#. JC @ 12:05 PM 11/5/73. Ran 2-7/8" tubing & SN to 3175'. Placed well on rod pump. On 24 hr test ending @ 8:00 AM 11/19/73 pumped 58 BO & 116 BW. Production prior to workover was 4 BO & 196 BWPD.

RECEIVED

NOV 21 1973

U.S. GEOLOGICAL SURVEY  
ALBUQUERQUE, N.M.

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

SIGNED Ad. BratchesTITLE Dist. Drlg. Supv.DATE 11/19/73

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

DISTRICT ENGINEER

TITLE

DATE