

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 7
(Other instrum
verse side)

LICATE*

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.

23

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.

1. ☐ OIL
WELL ☒ GAS
WELL ☐ OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

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

660' FSL & 1980' FWL (Unit letter N)

14. PERMIT NO.

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

3740' GR

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 perti-
nent to this work.)*

Started work on 10/23/73. Ran bit & cleaned out scale and sand to 3231'. Treated open hole w/4000 gal 15% HCl-LSNTE acid containing 1/10th of 1#/gal benzoic acid flakes. AIR 4.8 BPM @ 1200#. Placed well on rod pump. On 24 hr test ending 8:00 AM 11/3/73, well pumped 44 BO & 14 BW. Production prior to workover was 1 BOPD & 1 BWPD.

RECEIVED
NOV 20 1973
U. S. GEOLOGICAL SURVEY
ALBUQUERQUE, N. M.

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

SIGNED

D. D. Sletcher

TITLE

Dist. Drlg. Supv.

DATE 11/19/73

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DATE

NOV 23 1973

CONDITIONS OF APPROVAL, IF ANY: