N. M. C. C. C. COPY

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Form 9-331 (May 1963)	l TED STATES	SUBMIT IN TR .CATE.	Form approved. Budget Bureau No. 42-R1424.
DEPARTMENT OF THE INTERIOR (Other instructions)		OR (Other instructions on re-	5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			LC-029435 (b)
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	osals to drill or to deepen or plug b CATION FOR PERMIT—" for such pr		
Use "APPLIC	CATION FOR PERMIT—" for such pr	oposals.)	
OIL V GAS			7. UNIT AGREEMENT NAME
WELL L OTHER 2. NAME OF OPERATOR			8. FARM OR LEASE NAME
Atlantic Richfield Company \			J. L. Keel "B"
3. ADDRESS OF OPERATOR			9. WELL NO.
P. O. Box 1710, Hobbs, New Mexico 88240			23
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 			10. FIELD AND POOL, OR WILDCAT
At surface			Grayburg Jackson
			11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
660' FSL & 1980' FWL	(Unit letter N)		
14. PERMIT NO.	I If Divisions (Ch Let		Sec 6, 17S, 31E
II. FBASIII NU.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3740 GR		Eddy N.M.
16. Check A	ppropriate Box To Indicate N	lature of Notice, Report, or C	Other Data
			ENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		Completion or Recompl	of multiple completion on Well etion Report and Log form.)
 DESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is direct nent to this work.) * 	PERATIONS (Clearly state all pertinent ionally drilled, give subsurface locat	t details, and give pertinent dates,	including estimated date of starting any il depths for all markers and zones perti-
20/40 sd in 30,000 gal	ne following manner: & clean out to 3465. Is slick fresh water.	Rig up and POH w/com Run treating pkr & Use 60/40 mixture r	
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	RECE!	VED	
	R L C		
		1975	
	APR 9	13/3	PA
			'02'
	ARTESIA, D	LJ. EFICE A.	A. E.
	ARTESIA, D	, ,	The The
		ORTES/A	APR ZIVED OLOGICAL SURVEY MEN MENICONET A (1) 175
18. I hereby certify that the foregoing	is true and correct		TO STORY
SIGNED 4	TITTE Dis	st. Drlg. Supv.	DATE4/1/75
			DAIL
(This space for Federal or State of	nce use)		
APPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF	ANY:		

*See In

*See Instructions on Reverse Side