## N. M. O. C. C SUBMET IN TRIPL. DEPARTMENT OF THE INTERIOR (Other instructions verse side)

	1	MN	02	5604				
6.	IF	IND	IAN,	ALLOTTEE	OR	TRIBE	NAME	

SUNDRY	<b>NOTICES</b>	AND	REPORTS	ON	WELLS
					3.00

to drill or to deepen or plug back to a different reservoir.

GEOLOGICAL SURVEY

	Use "APPLICATION FOR PERMIT—" for such proposals.)	
1.	OIL X CAS RECEIVED	
2.	Atlantic Richfield Company JAN 24 1975	8. FARM OR LEASE NAME Mann B Federal
	P. O. Box 1710, Hobbs, New Mexico 88240	9. WELL NO.
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements; OFFICE See also space 17 below.)  At surface	10. FIELD AND POOL, OR WILDCAT Empire Yates 7Rivers
	990' FSL & 330' FEL (Unit letter P)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		2 100 27T

		3-100-275	
4. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	Unknown	Eddy	N.M

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
				WATER SHIT-OFF BEPAIRING WELL		
TEST WATER SHUT-OF		PULL OR ALTER CASING		Walsh Short-Oss		
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING	'  —	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT*		
REPAIR WELL		CHANGE PLANS		(Other) (Now: Report results of multiple completion on W	— Vell	
(Other)	Plug	& Abandon	LX	(Note: Report results of multiple completion on W 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.) \*

TD 370'

16.

7" casing set @ 342'

Propose to plug & abandon in the following manner:

Dump Redi-mix cement from bottom to top of casing @ surface. Install regulation dry hole marker. Clean & level location.

U. S. GEGLOGICAL SURVEY ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct SIGNED TITLE D	Dist. Drlg. Supv. DATE 1/21/75	5
(This space for Pederal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY: REQUIREMENT THAT PAREQUIREMENT PA	OSSIBLE ADDITIONAL OSSIBLE ADDIT	
CONDITIONS OF APPROVAL, IF ANY REQUIREMENT THE RIPPED AN	10 ar-	

CONTACT THIS OFFICE REGARDING SIDE VE BEFORE MAKING FINAL CLEANUP.