First 3431       ITED STATES       SILMAT, IN TO FIRE INTERIOR       SILMAT, INTER INTERIOR       SILMAT, INTER INTERIOR       SILMAT, INTER INTERIOR       SILMAT, INTER INTERIOR       SILMAT, INTERIOR       SILMAT, INTER INTERIOR       SILMAT, INTER INTERI	
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposels to drill or to deepen or plug back to a different reservcir. Use "APPLICATION FOR PERMIT—" for such property. CE FVED       0. IF INDLAN, ALLOTT         OIL WELL C CALL       CARL       OTHER         2. NAME OF OPERATOR       DEC 6 1974         Atlantic Richfield Company       B. PARM OK LEASE N         3. ADDRESS OF OPERATOR       DEC 6 1974         B. PARM OK LEASE N       B. PARM OK LEASE N         P. O. Box 1710, Hobbs, New Mexico 800 C.C.C.       0. WELL NO.         At surface       7         330' FSL & 1637.98' FEL (Unit letter O)       11. BEC.7.8.4.0         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GK, etc.)       12. COUNT OF PARIE         330' FSL & 1637.98' FEL (Unit letter O)       11. BEC.7.8.4.0       12. COUNT OF PARIE         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GK, etc.)       12. COUNT OF PARIE         TEST WATER SHUT-OFF       PLL OR ALTER CASING       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       PLL OR ALTER CASING       NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:       SHADON*       SHADON*       ABADON*         TEST WATER SHUT-OFF       PLL OR ALTER CASING       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         TEST WATER TREAT       ABADON*       SHADON*	reau No. 42-R1424. ON AND SERIAL NO.
SUNDRY NOTICES AND REPORTS ON WELLS         (Do not use this form for proposals to drill or to deepen or plug back to a different reserveir.         Image: Colspan="2" for such proposals. To such proposals to a different reserveir.         Image: Colspan="2" for such proposal. To such p	
I.       OIL WELL SUBSTICE       OTHER       7. UNIT AGREEMENT         2. NAME OF OPERATOR       DEC 6 1974       7. UNIT AGREEMENT         3. ADDRESS OF OPERATOR       DEC 6 1974       8. PARM OR LEASE N         3. ADDRESS OF OPERATOR       DEC 5 1974       8. PARM OR LEASE N         4. Identic Richfield Company       0. Box 1710, Hobbs, New Mexico 882       C. C.       7         4. Identic Richfield Company       0. Well NO.       9. Well NO.       7         4. Identic Creation of Operators       9. Well NO.       9. Well NO.       7         5. See also space 17 below.)       At surface       7       10. FIELD AND POOL, Empire Abo         330' FSL & 1637.98' FEL (Unit letter O)       11. Sec. 7, 8, 4, 0       11. Sec. 7, 8, 4, 0         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       12. COUNTY OR PARI         3566 ' RDB       12. COUNTY OF PARI       Eddy         14. PERMIT NO.       15. ELEVATION TO :       SUBSQUENT REPORT OF:         TEST WATER SHUT-OFF       PULL OR ALTER CASING       MULTIPLE COMPLATE         ABANDON*       CHANGE PLANS       SHOOTING ON ACTIZING       ABANDON*         (Other)       OTHER TREATMENT       ALTERING ABANDONS       ABANDON*         REPAIR WELL       Othis directionally drilled, give subsurface lo	SE OR TRIBE NAME
OIL X 021 WELL X 021 WELL OTTER       OTTER         NAME OF OPERATOR       DEC 6 1974         Atlantic Richfield Company       Empire Abo         Address of OPERATOR       S. PARM OK LEASE N         Mark of Verlation       P. O. Box 1710, Hobbs, New Mexico 822 H: C. C.         Address of OPERATOR       9. Well No.         Address of OPERATOR       10. Flepatic Address of OPERATOR         Address of OPERATOR       10. Flepatic Address of OPERATOR         Address of OPERATOR       15. Elevations (Show whether DP. RT. CK. etc.)         330' FSL & 1637.98' FEL (Unit Letter O)       9. Well No.         Address	
Image: State of OPERATOR       DEC 6 1974       8. PARM OR LEASE N         Atlantic Richfield Company       DEC 6 1974       8. PARM OR LEASE N         Image: State Report location clearly and in accordance with any State requirements.       9. WELL NO.       7         Image: State To below.)       10. FIRED AND POOL.       7       10. FIRED AND POOL.         See also space To below.)       330' FSL & 1637.98' FEL (Unit letter O)       10. FIRED AND POOL.       Empire Abo         330' FSL & 1637.98' FEL (Unit letter O)       15. Elevations (Show whether DF, RT, GR, etc.)       12. COUNTY OR PARI         3566' RDB       Eddy         6.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       PULL OR ALTER CASING         MULTIPLE COMPLETE       NULTIPLE COMPLETE         ABANDON*       Change PLANS         (Other)       Shut in.Allowable Transf         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and the deport and Log         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and tree perticel details for all mark nent to this work.)*         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and tree perticel depths for all mark nent to this work.)*	NAME
Atlantic Richfield Company       Empire Abo         ADDRESS OF OFELATOR       P. O. Box 1710, Hobbs, New Mexico 852 F.C.C.       7         I. DOCATION WELL (Report location clearly and in accordance with any State requirements. FICE       7         I. DOCATION WELL (Report location clearly and in accordance with any State requirements. FICE       7         I. DOCATION WELL (Report location clearly and in accordance with any State requirements. FICE       7         I. DOCATION WELL (Report location clearly and in accordance with any State requirements. FICE       7         I. DOCATION WELL (Report location clearly and in accordance with any State requirements. FICE       7         I. DOCATION WELL (Report location clearly and in accordance with any State requirements. FICE       7         I. DOCATION (Report location clearly and in accordance with any State requirements. FICE       7         I. DOCATION (Report location clearly and in accordance with any State requirements. FICE       7         I. DOCATION (Report location clearly and in accordance with any State requirements. FICE       7         I. BECATION (Report locations (Show whether DF, RT, OK, etc.)       11. BEC, T, R, M, OI         I. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, OK, etc.)       12. COUNTY OR PARI-         I. SUBSEQUENT REPORT OF:       SUBSEQUENT REPORT OF:       8000000000000000000000000000000000000	AME
P. O. Box 1710, Hobbs, New Mexico 821: C. C.       7         I. Location of well. (Report location clearly and in accordance with any State requirements. Frice       10. Field AND Pool, Empire Abo         Mathematical State Feature Frice       10. Field AND Pool, Empire Abo         Mathematical State Feature Frice       10. Field AND Pool, Empire Abo         Mathematical State Feature Frice       10. Field AND Pool, Empire Abo         Mathematical State Feature Frice       10. Field AND Pool, Empire Abo         Mathematical State Feature Frice       10. Field AND Pool, Empire Abo         Mathematical State Feature Frice       10. Field AND Pool, Empire Abo         Mathematical State Feature Frice       11. Sec. T. R. M. O         Mathematical State Feature Frice       4-18S-27E         Mathematical State State Feature Frice       4-18S-27E         Mathematical State S	<u>Unit L</u>
At surface       In provide the form of the form o	
At surface       Empire Abo         330' FSL & 1637.98' FEL (Unit letter O)       11. sec. T. E., M., O         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       4-18S-27E         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       12. COUNTY OR PARIL         16.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         PELL OR ALTER CASING       WATER SHUT-OFF         PELL OR ALTER CASING       WATER SHUT-OFF       REPAIRING         ABANDON*       SHOOTING OR ACIDIZE       ABANDON*         (Other)       Show PLETED OPERATIONS (Clearly state all pertiment details, and give pertiment dates, including estimated details of multiple completion for Recompletion Report and Log         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiment details, and give pertiment dates, including estimated details of all mark nent to this work.)*       The above well was shut in on October 1, 1973. This well was shut in because was a high GOR well. Allowable transferred under NMOCC R-4548, R-4549, R-454	OR WILDCAT
SURVEY OR AR         330' FSL & 1637.98' FEL (Unit letter O)         330' FSL & 1637.98' FEL (Unit letter O)         14. PERMIT NO.         15. ELEVATIONS (Show whether DF, RT, CR, etc.)         12. COUNTY OR PARI 3566' RDB         16. ELEVATIONS (Show whether DF, RT, CR, etc.)         12. COUNTY OR PARI Eddy         16. ELEVATIONS (Show whether DF, RT, CR, etc.)         12. COUNTY OR PARI Eddy         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         FRACTURE TREAT         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         FRACTURE TREAT         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         FRACTURE TREATMENT         SUBSEQUENT REPORT OF:         FRACTURE TREATMENT         SUBSEQUENT REPORT OF:         SUBSEQUENT REPORT OF:         FRACTURE TREATMENT         ALTERING         SUBSEQUENT REPORT OF:         FRACTURE TREATMENT         ALTERING         OTHER TREAT	R BLE AND
(4. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       12. COUNTY OR PARI-         3566 <sup>1</sup> RDB       Eddy         (6.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       PULL OR ALTER CASING       WATER SHUT-OFF         FRACTURE TREAT       MULTIPLE COMPLETE       SHOOTING OR ACIDIZER         SHOOT OR ACIDIZE       ABANDON*       CHANGE PLANS         (Other)       Change Plans       (Other)         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated do proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all mark nent to this work.)*         The above well was shut in on October 1, 1973. This well was shut in because was a high GOR well. Allowable transferred under NMOCC R-4548, R-4549, R-45	EA
3566' RDB     Eddy       366' RDE     Subsequent, or Other Data       NOTICE OF INTENTION TO:     Subsequent REPORT OF:       TEST WATER SHUT-OFF     PULL OR ALTER CASING       NULTIPLE COMPLETE     WATER SHUT-OFF     REPAIRING       SHOOT OR ACIDIZE     ABANDON*     ALTERING       SHOOT OR ACIDIZE     ABANDON*     Clearly State all pertinent details, and cloarly state of multiple completion Completion Report and Log       OTHER REPORT OF:       Clearly state all pertinent details, and give pertinent dates, including estimated of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all mark nent to this work.)*       The above well was shut in on October 1, 1973. This well was shut in because was a high GOR well. All	
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NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       PULL OR ALTER CASING       WATER SHUT-OFF       REPAIRING         FRACTURE TREAT       MULTIPLE COMPLETE       ALTERING         SHOOT OR ACIDIZE       ABANDON*       ABANDON*         (Other)       CHANGE PLANS       (Other)       Shut in.Allowable Transfered         (Other)       COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated deproposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all mark nent to this work.)*         The above well was shut in on October 1, 1973. This well was shut in because was a high GOR well. Allowable transferred under NMOCC R-4548, R-4549, R-4549, R-4549	
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FRACTURE TREAT       MULTIPLE COMPLETE       FRACTURE TREATMENT       ALTERING         SHOOT OR ACIDIZE       ABANDON*       SHOOTING OR ACIDIZING       ABANDONS         REPAIR WELL       CHANGE PLANS       (Other)       Shut in. Allowable Transferred         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all mark nent to this work.)*         The above well was shut in on October 1, 1973. This well was shut in because was a high GOR well. Allowable transferred under NMOCC R-4548, R-4549, R-4549	G WELL
REPAIR WELL       CHANGE PLANS       (Other)       (Other)       Shut in.Allowable Transformation (Note: Report results of multiple completion Completion or Recompletion Report and Log         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all mark nent to this work.)*         The above well was shut in on October 1, 1973. This well was shut in because was a high GOR well. Allowable transferred under NMOCC R-4548, R-4549, R-4549	
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<ul> <li>7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all mark nent to this work.)*</li> <li>The above well was shut in on October 1, 1973. This well was shut in because was a high GOR well. Allowable transferred under NMOCC R-4548, R-4549, R-4549</li> </ul>	on on Well
nent to this work.)* The above well was shut in on October 1, 1973. This well was shut in because was a high GOR well. Allowable transferred under NMOCC R-4548, R-4549, R-45	late of starting an
N K C	
18. I hereby certify that the foregoing is true and correct SIGNED	ober 31, 197
APPROVED BY DATE	