

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

NM-7718 Copy to 13

Form approved.  
Budget Bureau No. 42-R1424

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.)

5. LEASE DESIGNATION AND SERIAL NO.

~~NM 04175 (8)~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Red Lake Unit

8. FARM OR LEASE NAME

West Red Lake Unit

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Red Lake-Grayburg S.A.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 7, T18S, R27E

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 1978, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

990' FNL, 1980' FEL (Unit Letter B)

14. PERMIT NO.

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

3385' Grd.

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) Add perforations

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 pertinent to this work.)\*

We propose to add Premier perforations from 1103-05 & 1108-1115 w/2 JSPF and treat w/750 gallons 15% HCl acid and 12,000 gallons of slick fresh water containing 12,000# of 20/40 sand. Return well to rod pumping. Work will start about 3/1/70.

RECEIVED

FEB 13 1970

D. G. C.  
ARTESIA, OFFICE

RECEIVED

FEB 12 1970

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

SIGNED

*D. G. C.*

TITLE

Dist. Drlg. Supervisor

DATE

2-10-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

APPROVED  
*A. L. BEEKMA*