Form 9-331 (May 1963)

## CIVITED STATES

SUBMIT IN TRIPLICATE.

NM - 17/8 Copy to

		Form a Budget	pprove Bures	ed. tu No	. 42–	R1424
5.	LEASE	DESIGN	ATTON	LND	DEDIA	

SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this firm for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)	<b>.</b>	DEPARTMENT OF THE INT		5. LEASE DESIGNATION AND SERIAL NO.	
(Do not use this day for proposally of still or to deall or to dea		GEOLOGICAL SURVE		<u>- NM 04175 (8)</u>	
WELL WILL OTHER  2 MANUAL OF CREATOR  AATISATIC RICHIFICAL COMPANY  B. ADDRESS OF OPERATOR  P.O. BOX 1978. ROSWell, New Mexico E8201  1. DORAGE FALL OF WELL SO.  P.O. BOX 1978. ROSWell, New Mexico E8201  1. DORAGE FALL OF WELL SO.  P.O. BOX 1978. ROSWell, New Mexico E8201  1. DORAGE FALL OF WELL SO.  P.O. BOX 1978. ROSWell, New Mexico E8201  1. DORAGE FALL OF FELL (Unit Letter B)  See Also appear to Below.  1. DORAGE FALL OF FELL (Unit Letter B)  See (T. T. TIBS, R27E  EACH NAME SO.  See (T. T. TIBS, R27E  EACH NAME SO.  SEEDENST REVISE OF TAKING IN THE REPORT OF TAKING IN THE REVISE OF TAKING IN TH	SUNDI (Do not use this for	RY NOTICES AND REPORT	IS ON WELLS plug back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
Atlantic Richfield Company  Atlantic Richfield Company  Anomas of oreston  P.O. Box 1978, Roswell, New Mexico E8201  P.O. Box 1978, Roswell, New Mexico E8201  In present of the process o	1.	THE MENT OF TEXAST 107 S	7. UNIT AGREEMENT NAME		
A Atlantic Richfield Company /  A Adoress or or constance P.O. Box 1978, Roswell, New Mexico 88201  P. Box 1978, Roswell, R	WELL C WELL	OTHER	West Red Lake Unit		
P.O. Box 1978, Roswell, New Mexico E8201  P.O. Box 1978, Roswell, New Mexico E8201  7  1. Doctrino or will, (Espert location clearly and in accordance with any State requirements.*  Red Lake—Grayburg S  11. Sec. 7, No. 30 Sec. 77  12. Confer of Palline 18. State  Sec. 7, TIES, R27E  13. Sec. 7, TIES, R27E  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date  Souther or Intervitor to:  THEN WATER SHUFTOR  ADMITS OF THE STATE CASING  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date  SUBSEQUENT SECOND OF MALE AND ADMITS APPROVALED TO ACCOUNT OF THE STATE CASING OF TACTURE TREATMENT TRANSPORT  ADMITS OF THE STATE PALL  (Other) Add perforations  We propose to add premier perforations from 1103-05 & 1108-1115  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  G. C. ARTESIA, Uffice  FEB 13 1970  G. C. C. ARTESIA, Uffice  SIGNED AND ADMITS OF THE STATE CASING OF THE STATE PALL STATE CASING OF THE STATE PALL STATE CASING OF THE STATE PALL ST	Atlantic F	Richfield Company			
L PREMIT SO.  1. PREMIT SO.  1. PREMIT SO.  1. PREMIT SO.  1. Check Appropriate Box To Indicate Notice of Notice, Report, or Other Data Substitution of State of States of State		C70 D11			
Red Lake-Grayburg S  11. SECULT No. OR ENEX AND  12. CONTROL SEARCH SEC. 7. TABS, R27E  13. SEC. 7. TABS, R27E  14. PERMIT NO.  15. BLEVATIONS (Show whether Or, NT. OR, etc.):  3385' Grd.  16. Check Appropriete Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERNION TO:  **RET WATER SHUT-OFF**  **PARTTER TREAT**  **RETOUR TREATMENT**  **RETOUR TREATME	LOCATION OF WELL (Reno	rt location clearly and in accordance	x1co 88201	7	
4. PREMIT SO.  15. ELEVATIONS (Show whether BY, ET, GR. etc.)  16. CHECK Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **Scc. 7, TIBS, R2TF  **BOX TO THE WATER SHUT-OFF  **PARCTURE TREAT  **SUBAGGUENT REPORT OF:  **PARCTURE TREATMON AND ARTHOUGH WELL  **COUNTY OF PARISHS   15. STATE  **RETAIN WILL  **SUBAGGUENT REPORT OF:  **PARCTURE TREATMON AND ARTHOUGH WELL  **ACCOUNTY OF PARISHS   15. STATE  **SUBAGGUENT REPORT OF:  **PARCTURE TREATMON AND ARTHOUGH WELL  **ACCOUNTY OF PARISHS   15. STATE  **SUBAGGUENT REPORT OF:  **PARCTURE TREATMON AND ARTHOUGH WELL  **ACCOUNTY OF PARISHS   15. STATE  **SUBAGGUENT REPORT OF:  **PARCTURE TREATMON AND ARTHOUGH WELL  **ACCOUNTY OF PARISHS   15. STATE  **SUBAGGUENT REPORT OF:  **ACCOUNTY OF PARISHS   15. STATE  **SUBAGGUENT REPORT OF:  **ACCOUNTY OF PARISHS   15. STATE  **ACCOUNTY OF PARISHS   15. STATE  **SUBAGGUENT REPORT OF:  **ACCOUNTY OF PARISHS   15. STATE  *		- 15 to a to a coordance with	any State requirements.*	1	
15. SERVATIONS (Show whether Dr. ET. CR. etc.)  3385' Grd.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **STATE Eddy**  **N.M.**  **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **STATE CARING**  **NOTICE OF INTENTION TO:  **TEST WATER SHUT-OFF**  **PACTURE TREATMENT**  **SHOW THE ACTURE TREATMENT**  **SHOW THE	990' FNL,	990' FNL, 1980' FEL (Unit Letter B)		11. SEC., T., R., M., OR BLK. AND	
16. ELEMATONN (Show whether Dr. pr. cs. etc.)  3385' Grd.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **STREET WATER SHUT-OFF**  PARCTERS TREATMENT OF:  THEST WATER SHUT-OFF**  PARCTERS TREATMENT  SHOOT OR ACTIONER  MULTIPLE COMPLETE  AAAMOON'S.  CHANGE PLANS  (Other) Add perforations  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  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 1 3 1970  CL. C.  ARTEGIA, OFFICE  PEB 12 3070  FEB 13 1970  CL. C.  ARTEGIA, OFFICE  Dist. Drlg. Supervisor  TITLE  Dist. Drlg. Supervisor  DATE 1 Add				Sec. 7. T185 R27F	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **SERGED TO INTENTION TO:  **TEST WATER SHOT-OFF  **PACTURE TREAT*  **SHOOT ON ACIDIE*  **SHOOT ON ACIDIE*  **SHOOT ON ACIDIE*  **SHOOT ON ACIDIE*  **SHOOT ON OR ACIDIE*	4. PERMIT NO.	15. ELEVATIONS (Show wheth	er DF, RT, GR, etc.)		
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERPRION TO:  TEST WATER SHUT-OFF PRACTURE TREAT SHOT OF ACTURE TREATE SHUT-OFF PRACTURE TREATE SHUT-OFF PRAC		3385' Gr	đ.		
TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE PACTURE TREAT SHOOT OF ALTERICAL SHOOT OR ACIDIZED ANALODN' SHOOTING OR ACIDIZED SHOOTING OR ACID	8.	Check Appropriate Box To Indicate	te Nature of Notice Parent		
PELL OR ALTER CASING MULTIPLE COMPLETE PRACTURE TREATMENT ADAPTHON'S MULTIPLE COMPLETE MARKADOS' SHOOT OR ACTURE TREATMENT ADAPTHON'S CHANGE PLANS (Other) AND DESCRIPTION OF ACTURE TREATMENT ADAPTHON'S CHANGE PLANS (Other) AND DESCRIPTION OF ACTURE TREATMENT ADAPTHON'S CHANGE PLANS (Other) AND DESCRIPTION OF ACTURE TREATMENT ADAPTHON'S CHANGE PLANS (Other) AND DESCRIPTION OF ACTURE TREATMENT ADAPTHON'S CHANGE PLANS (Other) SHOOT IN CHANGE PLANS (Other) CHANGE PLANS (Other) ADAPTHON'S CHANGE PLANS (Other) ADAPTHON'S CHANGE PLANS (Other) SHOOT IN CHANGE PLANS (Other) ADAPTHON'S CHANGE PLANS (OTHER ADAPTHON'S			•		
PRACTURE TREAT SHOPT ON ACIDIES SHOPT FRACTURE TREATMENT SHOPTING OR ACIDIES SHOPTING OR	TEST WATER SHUT-OPE		acs	SEQUENT REPORT OF:	
SHOOTING OR ACIDIZED  ARANDON STREET  CHANGE PLANS  (Other) Add perforations  X  (Other) Add perforations  X  (Other) Add perforations  (Other) Add perforations  X  (Other) Add perforations  X  (Other) Add perforations  (Nort: Report results of multiple completion on Webl  Completion or Recompletion Report and Log form)  Indicating information or conference of conference of the substitute of the substitut		<del>7</del>		RÉPAIRING WELL	
(Other) Add perforations X  (Other) Add perforations (Clearly state all pertinent details, and give pertinent Recompletion on Well  Perpoposed work If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sonce perforations (Clearly state all pertinent details, and give pertinent days including estimated days of arrange and sonce perforations work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sonce perforations from 1103-05 & 1108-1115  W/2 JSPF and treat w/750 gallons 15% HCl actid 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  FEB 13 1970  FEB 13 1970  FEB 13 1970  FEB 12 1970  FEB 13	SHOOT OR ACIDIZE	<del></del>		<del></del>	
(Other) Add perforations (Clearly state all perflices (Completion or Recompletion or Recomplet	REPAIR WELL	CHANGE PLANS	1	ABANDONMENT <sup>4</sup>	
proposed work if well is directionally chiled give subsurface locations and measured and true vertical depths for all markers and zones per ment 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  G. C. ARITSIA, OFFICE  FEB 12 1970  FEB 12 1970  FEB 12 1970  FEB 13 1970  Characteristics and give pertinent details, and give pertinent details for all markers and zones per the pertinent depths for all markers and zones per the pertinent			(Note: Report res	ults of multiple completion on Well	
RECEIVED  FEB 1 3 1970  C. C. ARTICSIA, OFFICE  Thereby certify that the folegoing is true and correct  SIGNEY  APPROVAD ANY:  TITLE  FEB 1 3 1970  TITLE  FEB 1 3 1970  RECEIVED  FEB 1 3 1970  FEB 1 2 1970  FEB 1 2 1970  FEB 1 2 1970  FEB 1 2 1970  Thereby certify that the folegoing is true and correct  SIGNEY  APPROVAL, IF ANY:  TITLE  TITLE  FEB 1 3 1970  FEB 1 2 1970  FEB 1	well to re	od pumping. Work wil	ng 12,000# of 20/4 L1 start about 3/1	0 sand. Return /70.	
FEB 1 3 1970  C. C. C. ARTICSIA, Office Peters of the state of the sta					
Thereby certify that the folegoing is true and correct  Signey  Title  Dist. Drigg.  Supervision of State office use)  Title  Title  Dist. Drigg.  Title  Ti		RECEIVED			
Thereby certify that the folegoing is true and correct  Signey  Title  Dist. Drigg.  Supervision of State office use)  Title  Title  Dist. Drigg.  Title  Ti			-		
I hereby certify that the tolegoing is true and correct  SIGNED  TITLE  Dist. Drlg. Supervisor  TITLE  Dist. Drlg. Supervisor  Office and office use)  APPROVED BY  PORT OF APPROVAL, IF ANY:		FEB 1 3 1970			
I hereby certify that the tolegoing is true and correct  SIGNED  TITLE  Dist. Drlg. Supervisor  TITLE  Dist. Drlg. Supervisor  Office and office use)  APPROVED BY  PORT OF APPROVAL, IF ANY:					
I hereby certify that the folegoing is true and correct  SIGNEY  APPROVED BY  APPROVED BY  APPROVED BY  APPROVAL, IF ANY:  TITLE  Dist. Drlg. Supervisor  Office use)  TITLE  TITLE  Dist. Drlg. Supervisor  Office use)  TITLE  TITLE  Dist. Drlg. Supervisor  Office use)  TITLE  Dist. Drlg. Supervisor  Office use)  Office use)  TITLE  Dist. Drlg. Supervisor  Office use)  Office use)  Office use)  Office use)	•	O. G. C.	DECENEL	To I of the control o	
I hereby certify that the tolegoing is true and correct  SIGNED  TITLE  Dist. Drlg. Supervisor  TITLE  Dist. Drlg. Supervisor  Office and office use)  APPROVED BY  PORT OF APPROVAL, IF ANY:		ARTESIA, OFFICE	1070	OAU Course Cours	
I hereby certify that the folegoing is true and correct  SIGNEY  APPROVED BY  APPROVED BY  APPROVED BY  APPROVAL, IF ANY:  TITLE  Dist. Drlg. Supervisor  Office use)  TITLE  TITLE  Dist. Drlg. Supervisor  Office use)  TITLE  TITLE  Dist. Drlg. Supervisor  Office use)  TITLE  Dist. Drlg. Supervisor  Office use)  Office use)  TITLE  Dist. Drlg. Supervisor  Office use)  Office use)  Office use)  Office use)			FEB121970	The constant of the constant o	
I hereby certify that the tolegoing is true and correct  SIGNED  TITLE  Dist. Drlg. Supervisor  TITLE  Dist. Drlg. Supervisor  Office and office use)  APPROVED BY  PORT OF APPROVAL, IF ANY:			THE RESIDENCE TO SERVER		
I hereby certify that the tolegoing is true and correct  SIGNED  TITLE  Dist. Drlg. Supervisor  TITLE  Dist. Drlg. Supervisor  Office and a state office use)  APPROVED BY  APPROVAL, IF ANY:					
SIGNED TITLE Dist. Drlg. Supervisor DATE OF THE DRIVE OF THE DATE OF THE DRIVE OF THE		,	gama e e di in	- 붉은실속 후 다꾸를 지않지?	
SIGNED TITLE Dist. Drlg. Supervisor DATE OF THE DRIVE OF THE DATE OF THE DRIVE OF THE				고경 및 역 및 최도 요. 함드 (1 · . 화용	
SIGNEY Dist. Drlg. Supervisor DATE DATE Drlg. Supervisor DATE DATE DIST. Drlg. Supervisor DATE DATE DATE DR. Supervisor DATE DATE DATE DATE DATE DATE DATE DATE	I hereby cartifunthat the				
(This space for Federal or State office use)  APPROVED BY  APPROVAL, IF ANY:  TITLE  TITLE  TOTAL OF APPROVAL, IF ANY:	SIGNEY	Magazina ta America		Anton (c)	
APPROVED BY  TITLE  TO DATE TO STATE TO		Gregoing is true and correct  Olio  TITLE D	ist. Drlg. Supervi	of mouse (area) and mouse (area) area) and mouse (area) area.	
	(This space for Federal or	TITLE D	ist. Drlg. Supervi	3 4 1 4 4 5 X 5 Y 5 Y	
	(This space for Federal or	TITLE D	ist. Drlg. Supervi	3 4 1 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	APPROVED BY	State office use)	ist. Drlg. Supervi	TATE A TAGE OF THE PARTY OF THE	
	APPROVED BY	State office use)	ist. Drlg. Supervi	TATE A TAGE OF THE PARTY OF THE	

\*See Instructions on Reverse Side