			200	785	
Form 9-331 (May 1963) DEPAR	ITED STATES MENT OF THE INTER	SUBMIT IN T ACATES RIOR (Other instruc. Son re		u No. 42-R	
CHNIDDA MO	TICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE		
(Do not use this form for prop Use "APPLI	osals to drill or to deepen or plus CATION FOR PERMIT—" for such	g back to a different reservoir.			
OIL GAS WELL OTHER		RECEIVED	7. UNIT AGREEMENT NA	ME	
2. NAME OF OPERATOR  Atlantic Richfiel	d Company	0	8. FARM OR LEASE NAM Empire Abo Ut		
3. ADDRESS OF OPERATOR D. O. Poy 1710. U	obbs New Marico 882	DEC 9 <b>1974</b>	9. WELL NO. 131		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)  At surface  ARTESIA, OFFICE			10. FIELD AND POOL, OR WILDCAT Empire Abo		
1980'FNL & 660' F	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-18S-27E				
14. PERMIT NO.	15. ELEVATIONS (Show whether		12. COUNTY OF PARISH	N. M.	
16. Check A		Nature of Notice, Report, or	_ '	<u> </u>	
NOTICE OF INT	ENTION TO:	SUBSEC	SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	REPAIRING NALTERING CABANDONME	ASING	
REPAIR WELL (Other)	CHANGE PLANS	(Other) Shut-in (NorE: Report result Completion or Recom	ts of multiple completion pletion Report and Log for	rm.)	

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.)\*

The above well was shut-in July 27, 1972. Well was shut in because it was uneconomical to produce. Future plans are to hold for secondary recovery and/or unit pressure observation well. The well is currently being used as a pressure observation well.

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M.S. GEOLOGICAL CURVEY

M.S. GEOLOGICAL CURVEY

OCT 2.9 1974

18. I hereby certify that the foregoing is true and correct		
SIGNED	TITLE Dist. Prod. & Drlg. Supt.	DATE October 31, 1974
(This space for Federal or State office use)  APPROVED HY  CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

\*See Instructions on Reverse Side