	_						
Form 9-331 (May 1963)		NITED STAT	ES		CATE*	Form approved. Budget Bureau	No. 49 P1494
(2000)	<b>DEPARTM</b>	ENT OF THE	INTERI	OR (Other instructions verse side)	on re- 5. LEAS	SE DESIGNATION AN	
	G	EOLOGICAL SU	RVEY		LC		b <b>)</b>
CLIVI	DDV NOT	CCC AND DED	ODTC C	N.I. N/E1 1 C		NDIAN, ALLOTTEE O	R TRIBE NAME
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.)						er de	
						E 493	
1.	· · · · · · · · · · · · · · · · · · ·			··········	7. UNIT	AGREEMENT NAME	
OIL GAS WELL	OTHER .	Water Inje	ection	Well	9 . 48 . 3 5 . 48 . 3	- )	
2. NAME OF OPERATOR	····			· · · · · · · · · · · · · · · · · · ·		M OR LEASE NAME	
· Atlantic	Pichfiel.	d Company	1		ទីទីបំរំ	ner "B"	(B)
Atlantic Richfield Company  3. ADDRESS OF OPERATOR						L NO. E & F & E	
P. O. Box 1978, Roswell, New Mexico 88201						Con the sector of the sector o	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface						LD AND POOL, OR W	VILDCAT
						ayburg-Ja	ackson
GGOL TIME C GGOL THE AND A TALL OF THE						., T., R., M., OR BLK	, AND
660' FNL & 660' FWL (Unit Letter D)						SURVEY OR AREA	•
	J				ិ Sec	. 29, T17	7 <b>S</b> , R31
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)				NTY OR PARISH 1	
		3626' Grd				dy fight	N.M.
.6.				4.	~	<del></del>	
<b>0.</b>	Check App	ropriate Box to I	ndicate No	ature of Notice, Report	, or Other Do	yta S je je je je	
N	OTICE OF INTENT	ON TO:	- 1		UBSEQUENT REP	BT OF:	
TEST WATER SHUT-OF	r Pu	LL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WEL	[
FRACTURE TREAT		ULTIPLE COMPLETE	· .	FRACTURE TREATMENT		ALTERING CASI	
SHOOT OR ACIDIZE	V	ANDON*	<u> </u>	SHOOTING OR ACIDIZIN		ABANDONMENT*	
REPAIR WELL	CE	ANGE PLANS		(Other)		है हैं हैं -	
(Other)	<del></del>			(NOTE: Report	results of multip	ple completion on ort and Log form.)	Well
7. DESCRIBE PROPOSED OR	COMPLETED OPERA	TIONS (Clearly state	all pertinent	details, and give pertinent ons and measured and true	dates, including	estimated date of	f starting an
proposed work. If nent to this work.) *	well is directions	ally drilled, give subs	urface locati	ons and measured and true	vertical depths	for all markers ar	ıd zones perti
						. Ed (2.35)	2
<b>1</b> .7.0					Section of the sectio		S.
we propos	se to add	periorati	ions to	this water i	njection		
				and 3280-3285		F. Treat	2 8
				lons 15% HCl		lesume 👙 🤚	<b>2.</b>
water in	jection (	through 2"	tubing	w/tension pa	cker set	at 3100'	
				_	nz.e potr potr fr fr	::	
			•				
				•	e To etroget thouse to the control of the end of t		
				•	etropy those rol anocay to anocay to the top of the cop		
•		,			pan lin a (i	nts, locati are shora are shora	
					ngor tropy egoeson ( dipplas, lin the sban	Arrest Ar	
	•		2,0	ECEIVED	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ren 1981: 1981: 1981: 1981: 1981:	
						andon'ittug proposals and species in a poposals and species and species are share constants.	
				JAN 121970	o Jave		
				JAN I DIO	dus intelled	The Health	
			11 0	CEULUSIUM SMICH		ndna volch olda Algor oldes og tog togothe oldes E. St. vanounder	
			ي. (۾)	STERN ALM MCVIA	ر الله الله الله الله الله الله الله الل		
			>4' i		<b>1</b>		
		a			<u> </u>		
					ing the state	eplendle subject for the subject for the subject the subject to	
					## GP R		
8. I hereby certify that t	he foregoting is t	rue and correct					
SIGNED	Detch	Co TI	$_{\mathtt{TLE}}\!\mathtt{Dist}$	. Drlg. Super	visor	1-9-7	0
						ATE	
(This space for Federa	l or State office	use)					
APPROVED BY		TI	TLE			ATE	
CONDITIONS OF API	BOVAL, IF AN				REBE	VED	
DODAN	- <sup>*</sup> /			•	a common money		
DOROW			•		g 1	e de se se	
	/	*See In	structions	on Reverse Side		1. <b>1</b> 970	
		***					