

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1404  
5. LEASE DESIGNATION AND SERIAL NO.

LC 065014

## 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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Atlantic Richfield Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201		8. FARM OR LEASE NAME Max Friess MA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL, 660' FEL (Unit Letter A)		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3599' GR		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 30-17S-31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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 perforate Premier zone w/one 3/8" jet shot each @ 3191, 92, 99, 3300, 04, 08, 10 & 3212' & acidize w/1500 gallons 15% HCl-LSTNE acid. Fracture treat perforations 3098-3212' w/20,000# 20/40 sand in 20,000 gallons slick fresh water. Run rods and resume pumping.

RECEIVED  
JUL 20 1973  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED L. Roy KnottTITLE Dist. Drlg. SupervisorDATE 7/19/73

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
JUL 24 1973  
R. L. BEEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side