

N. M. O. C. C. COPY
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 065014	
2. NAME OF OPERATOR Atlantic Richfield Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
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)		8. FARM OR LEASE NAME Max Friess "MA"	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
16. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T17S, R31E		11. COUNTY OR PARISH Eddy	
17. STATE N.M.		18. STATE N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____			

(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.) *

Operations started on 8/21/73. Added perforations w/1 - 3/8" JS each at 3191, 92, 99, 3200, 04, 08, 10 & 3212' (8 holes). Treated these perfs w/a total of 1500 gal of 15% HCl acid & ball sealers. AIR 3.5 BPM @ 1800#. Swabbed acid load. Treated perfs 3098-3212' w/20,000# of 20/40 sand in 16,000 gal of slick fresh water. AIR 13.8 BPM @ 3300#. Flowed & swabbed load water. Installed rod pump. On 24 hr test ending 7 AM 9/8/73, well pumped 20 BO & 30 BFW.

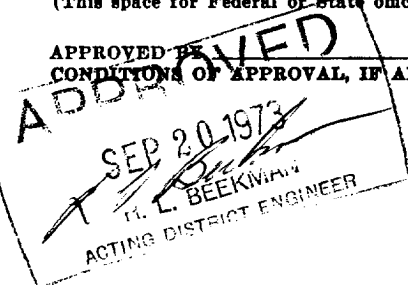
18. I hereby certify that the foregoing is true and correct

SIGNED D. D. Hetches TITLE District Drlg. Supv. DATE 9/14/73

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____



*See Instructions on Reverse Side

RECEIVED

SEP 18 1973

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO