ABANDON* (other)

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DEPARTMENT GEOLOG	OF	THE	INTERIOR
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	7. UNIT AGRE	EMENT NAM	Ε	RECEIVE	D BY
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_	9. WELL NO.				
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_	10. FIELD OR V				Name of Street, or other Persons.
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	11. SEC., T., R			SURVEY OF	Ŕ
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	12. COUNTY O		3 CT	ATE	_
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_	14. API NO.				
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	15. ELEVATION	NS (SHOW D	F, KD	B, AND WD))
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882117 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 Form 9–331–C for such proposals.) $\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \left(\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \left(\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}$ gas well 🛛 other well ARCO Oil and Gas Company 2. NAME OF OPERATOR Div of Atlantic Richfield Company 3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 660' FNL & 660' FEL (Unit 1tr A) AT TOP PROD. INTERVAL: as above AT TOTAL DEPTH: as above 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES**

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine

Well shut in 8/09/85, holding for engineering

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Subsurface Safety Valve: Manu. and Type _		Set @	Ft.
18. I hereby certify that the foregoing is try	ue and correct TITLE Engrg Tech Spec. DATE	8/8/85	
Catg. Spir. Contrast. Editor	(This space for Federal or State office use)	0-13:82	
APPROVED BY	TITLE DATE	8-13-82	<u> </u>