Carry to SI= N. M. O. C. C. COP, **VITED STATES** Form approved. Budget Bureau No. 42-R1424. SUBMIT IN 'LICATE' Form 9-331 (May 1963) DEPARTMENT OF THE INTERIOR verse side) instru.s 5. LEASE DESIGNATION AND SERIAL NO. LC 060122 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR 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.) Ē RECEIVED 7. UNIT AGREEMENT NAME OTHER S. FARM OR LBASE NAME DEC - 4 1973 2. NAME OF OPERATOR Trigg Federal Atlantic Richfield Company / 9. WELL NO. 3. ADDRESS OF OPERATOR - - -LOCATION OF WELL (Report location clearly and in accordance with any State regal remembs. At surface g, C. C. ء 1 10. FIELD AND POOL, OR WILDCAT East Atoka-Morrow 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1980' FNL & 660' FWL (Unit letter E) Sec. 27, T18S, R27E 12. COUNTY OR PARISH | 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. N.M. 3425' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSECUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE PRACTURE TREATMENT PRACTURE TREAT ABANDON MENT* X SHOOTING OR ACIDIZING SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Nore: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 pertinents. proposed work. If nent to this work.) Production from perfs 9781-89' & 9792-9795' has declined to about 170 MCFGP. We propose to treat w/2000 gal 7 % MS acid containing 1000 SCF of nitrogen per barrel & w/ball sealers. 3 4 स्कृतनीय शिवस्थान्य । अस्य ज्ञान

tion bedden NEW MEXICO --4 18. I hereby certify that the foregoing is true and correct Ξ, _ Dist. Drlg Supv. DATE __11/23/73 TITLE SIGNED (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: 1647 (10) I 3; q 3 1 2 2

U O STOLOGICAL SURVEY