

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate\*  
(Other Instructions on reverse side)Copy to SF  
Form approved.  
Budget Bureau No. 42-R1424.

## 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 047633 (a)
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1978, Roswell, New Mexico 88201		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 1980' FNL & 1980' FEL (Unit Letter G)		8. FARM OR LEASE NAME L.M. Swearingen "A"
14. PERMIT NO.		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3722' GR		10. FIELD AND POOL, OR WILDCAT Shugart
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-18S, R-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 type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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"/>	

(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.) \*

This well was shut in on 5/28/69 when production dropped to less than 1 BOPD. Remedial acid work on 4/69 failed to increase production. We now propose to P & A well as follows:

1. Spot 30 sx cement in 7" casing from 3310-3180'
2. Cut off and recover 7" csg from about 1000-1200'
3. Set cement plugs; 30 sx in & out of 7" stub, 30 sx in & out of 8-5/8" shoe @ 885' & 10 sx in top of well.

Salt gel mud will be used to spot all plugs. 8-5/8" casing string will remain intact. A dry hole marker will be installed and location cleared & levelled.

RECEIVED

JUN 4 1970

O. C. C.

ARTESIA, OFFICE

RECEIVED

JUN-3 1970

U. S. GEOLOGICAL SURVEY

ARTESIA, OFFICE

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

SIGNED

*O. D. Butcher*

TITLE

Dist. Drlg. Supervisor

DATE

6-1-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side