		copy
Form 9-331 (May 1963)	WITED STATES STB	BMIT IN TI LICATE. Form approved. Budget Bureau No. 42-Ris
· DEP/	ART; NT OF THE INTERIOR vers	se side) on re- Budget Bureau No. 42-RAS
	GEOLOGICAL SURVEY	LC 047633(b)
SUNDRY	NOTICES AND REPORTS ON WE	6. IF INDIAN, ALLOTTEE OF TRIBE NA
Use "Al	proposals to drill or to deepen or plug back to a d PPLICATION FOR PERMIT—" for such proposals.)	Interent reservoir.
01L		7. UNIT AGREEMENT NAME
WELL WELL OT	HER P&A	
NAME OF OPERATOR		8. FARM OR LEASE NAME
Atlantic Richf	ield Company "	
		9. WELL NO.
P. O. BOX 1978, ROSWell, New Mexico 88201 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*		
See also space 17 below.) At surface	and clearly and in accordance with any state requi	lirements.* 10. FIELD AND POOL, OR WILDCAT
		Shugart-Oucon 11. sec., T., B., M., OR BLK. AND
1980' FSL & 19	80' FWL Unit letter K	SURVEY OR AREA
		Sec. 14, T185, R31
4. PERMIT NO.	15. ELEVATIONS (Show whether DF. RT. GR. etc.	c.) 12. COUNTY OR PARISH 13. STATE
	3703' CTF	Eddy N.M.
B. Char	k Annonista Pau Ta Indianta Nista (
	k Appropriate Box To Indicate Nature of	inonice, Report, or Other Data
NOTICE OF	INTENTION TO:	SUBSPOUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING WAT	ATER SHUT-OFF BEPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE FRA	ACTUBE TREATMENT ALTERING CASING
SHOOT OR ACIDIZE	ABANDON* SHO	COOTING OR ACIDIZING ABANDONMENT* X
REPAIR WELL	CHANGE PLANS (Ot	ther)
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) and give pertinent dates, including estimated date of starting a measured and true vertical depths for all markers and zones pe
Set 7" CIBP @ top of CIBP. casing = 1440 of 7" casing	3150'. Spotted 30 sack	s "A" cement plug on top "A" cement plug 470-595'.
		· · · · · · · · · · · · · · · · · · ·
Verbal approv	al to change plugging pro	ogram received from
Mr. Knauf 11/	12/70. REP	IVED
		· · · · · · · · · · · · · · · · · · ·
	NOV 1 6	6 107
		74371 — 前一次 编辑的新教
I hereby certify that the forego	ing is true and correct	
SIGNED U.D. Shete		rlg. Supervisor DATE 11/18/70
(This space for Federal or Stat	e office use)	
APPROVED BY	TITLE	
CONDITIONS OF APPHOYAL,	IF ANY:	DATE
STR (W)		
CONDITIONS OF AFPHODAL,	+	
	*See Instructions on Reven	rse Side
AND PERMAIN TER		•
ACTING DISTRICT PROTINEER		
CTING DICTION		
PN / T		

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