

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 047633 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

H.M. Swearingen "A"

9. WELL NO.

7

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.

1. OIL ☐ GAS ☐ OTHER ☐ P & A

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1978, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL & 660' FEL (Unit Letter I)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3722' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 has been plugged & abandoned as follows:

Set CIBP @ 3380'. Spotted 25 sk Class "A" cmt plug 3260-3380'. Shot off 7" csg @ 1115'. Spotted 65 sk Class "A" cmt plug 897-1147' (in & out of 7" stub & across 8-5/8" shoe @ 950'). Set 10 sk Class "A" cmt plug 15' to surface. Erected dry hole marker. Salt gel mud was used to spot cement plugs. 8-5/8" casing remains intact. Well was P & A 7/4/70.

We will notify your office by letter when location is ready for inspection.

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

SIGNED

D.D. Butcher

TITLE

Dist. Dir. Supervisor

DATE

7-8-70

(This space for Federal or State office use)

APPROVED

SIGNATURES OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side