

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN 1  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

~~LC 029392 (a)~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

East Shugart Unit

8. FARM OR LEASE NAME

East Shugart Unit

9. WELL NO.

28

10. FIELD AND POOL, OR WILDCAT

Shugart Y, 7 R, Q.G.

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 34, T18S, R 31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

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  
Unit Letter O  
330' FSL  
2310' FEL

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) change lease, well, operator	<input checked="" 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.)\*

Unitization # 14-08-001-11572

Change from Hinkle A Well #1, operated by Cities Service Oil Co., to East Shugart Unit Well #28, operated by Atlantic Richfield Company, effective July 1, 1969

RECEIVED

JUL 9 1969

O. C. C.  
ARTESIA, OFFICERECEIVED  
JUL 7 1969

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

SIGNED [Signature]

TITLE Dist. Prod &amp; Drlg. Supt.

DATE July 2, 1969

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES ONLY  
JUL - 8 1969  
Date  
ACTING District Engineer

\*See Instructions on Reverse Side