

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 062082

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-Yates

11. SEC., T., R., M., OR B.E.K. AND
SURVEY OR AREA

Sec. 34, T-18S, 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

330' FSL, 2310' FEL (Unit Letter O)

14. PERMIT NO.

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

3616' CTF

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) Convert to water inj.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

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 perti-
nent to this work.)*

In accordance w/NMOCC Order No. R-3769, we propose to convert this well to water injection service in Yates open hole section 2591' to 2678'. Injection will be down 2-3/8" tubing w/packer set at approximately 2540'. 7" x 2" annulus will be loaded w/treated fresh water. Work will commence about 9/10/69.

RECEIVED
SEP 8 1969
U.S. GEOLOGICAL SURVEY
ARTESIA, OFFICE

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

SIGNED

C.D. Ditcher

TITLE

Dist. Drlg. Supervisor

DATE

9-5-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
SEP - 9 1969H. L. BECKMA
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side