

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other has 100s on re-
verse side)Form 9-331-1
Budget Project No. 42

5. LEASE DESIGNATION AND SERIAL

NM-10193

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	DEC 3 1971	7. UNIT AGREEMENT NAME East Shugart Unit
2. NAME OF OPERATOR Atlantic Richfield Company	O. G. C. ARTESIA, OFFICE	8. FARM OR LEASE NAME East Shugart Unit
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201		9. WELL NO. 27
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL, 1650' FEL (Unit Letter O)		10. FIELD AND POOL, OR WILDCAT Shugart-Yates/Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T18S, R31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3624' CTF	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PEEL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Add Perforations <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.) *

Added Yates perforations w/one 1/2" jet shot @ 2634, 2662, 2676, 2698, 2710, 2723, 2750, 2760, 2814 & 2838' (GR-N log). Treated perfs 2634-2838 w/750 gallons 15% HCl and ball sealers. Fracture treated perfs 2634-2838 w/total of 20,000# of slick water containing 20,000# 20/40 sand in four stages, using rock salt to separate and temperature surveys to monitor treatment. On 11/25/71, in 24 hrs well pumped 32 BO & 19 BW.

RECEIVED
DEC 21 1971
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED A. D. BritchesTITLE Dist. Drlg. Supervisor DATE 12/1/71

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED
DEC 2 - 1971
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side