

ILLEGIBLE

M. O. C. C. COPY

NM-10190

TERMINAL
BY

SUNDRY NOTICES AND REPORTS ON WELLS

(For use by this form for reports on well operations, plug back, or other reports.
Use appropriate form for other reports.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER ☒ DUAL WELL		7. NAME OF OPERATOR Atlantic Richfield Company	
2. ADDRESS OF OPERATOR P.O. Box 1975, Roswell, New Mexico 88240		8. FIELD OR LEASE NAME East Shugart Unit	
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL, 330' PBL (Unit Letter X)		9. WELL NO. 19	
14. PERMIT NO.		15. SITUATION (Show whether in, in, or, etc.) 3646' DF	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR DISTRICT Bddy	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Deepen Well

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Re-completion 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 matters and names pertinent to this work.)*

Work started 9/1/69. Drilled out plug & cement from 3449-3477'. Drilled new 3-7/8" hole from 3477' to 3870' (new TD). Job complete @ 3:45 PM 9/8/69. Ran GR-N log. Acidized Queen OH 3477-3870' w/5000 gallons 15% LSTNE HCL acid in four equal stages using 250# rock salt in 10# brine to divert each stage. Ran injection tubing and packer as pulled and returned well to water injection.

RECEIVED

SEP 17 1969

O. C. C.
ARTESIA, OFFICE

RECEIVED

SEP 16 1969

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *A. D. Bickel*

TITLE Dist. Drlg. Supervisor

DATE 9-11-69

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES
SEP 16 1969
Date
ACTING District Engineer

*See Instructions on Reverse Side