

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 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.

3

10. FIELD AND POOL, OR WILDCAT

Shugart, Y, 7R, Q, G

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

Sec. 34, T18S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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.)1. OIL ☐ GAS ☐ OTHER ☒ Secondary Recovery SWI Well

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 **A**

990' FNL

330' FEL

14. PERMIT NO.

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

3643' DF

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) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Change of lease and well name ☒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.)*The lease name and well number will be changed from Hinkle A Well #13 to East Shugart
Unit Well #3, effective 7-1-69.

Unitization #14-08-001-11572

RECEIVED

JUL 9 1969

O. C. C.
ARTEZIA, OFFICE

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

SIGNED

TITLE Dist. Prod. & Drlg. Supt.DATE 7-2-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL ONLY

TITLE

DATE

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

*See Instructions on Reverse Side