

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved
Budget Bureau No. 42-11424
SUBMIT IN DUPLICATE
(Other information on reverse side)

7-11-10191
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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.)

5. LEASE DESIGNATION AND SERIAL NO.

IC 029392 (b)

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.

29

10. FIELD AND POOL, OR WILDCAT

Shugart-Queen

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

Sec. 34, T18S, R31E

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' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

3610' 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 Queen WIW

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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 pertinent to this work.)*

In accordance w/NMOCC Order No. R-3769, we propose to convert this well to Queen zone water injection service as outlined below:

1. Clean out to 3530'.
2. Add Queen perforations from 3501' to 3511' w/2 JSPP.
3. Treat w/1500 gallons 15% HCl acid.
4. Run 2-3/8" x 4-1/2" tension packer on 2-3/8" tubing; set packer @ 3260'.
5. Load annulus w/treated fresh water.
6. Start water injection in Queen perms 3306' to 3511'.

Work to be performed about 9/10/69.

RECEIVED

SEP 11 1969

D. C. C. ARTERIA. OFFICE

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

SIGNED

D. D. Lortche

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 1969

R. L. BECKMA

ACTING DISTRICT SUPERVISOR

*See Instructions on Reverse Side