

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 7. UNIT AGREEMENT NAME<br>East Shugart Unit                             |  |
| 2. NAME OF OPERATOR<br>Atlantic Richfield Company  |  | 8. FARM OR LEASE NAME<br>East Shugart Unit                              |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 1978, Roswell, New Mexico 88201  |  | 9. WELL NO.<br>17   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>Unit Letter K<br>1650' FSL<br>2310' FWL |  | 10. FIELD AND POOL, OR WILDCAT<br>Shugart, Y, 7R, Q, G                  |  |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 34, T18S, R31E |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3620' DF   |  | 12. COUNTY OR PARISH<br>Eddy  |  |
|  |  | 13. STATE<br>New Mexico   |  |

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"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  | FRACTURE TREATMENT <input 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) Change in lease and well name <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.)\*

Unitization #14-08-001-11572

Lease name and well number will change from Hinkle B Well #2 to East Shugart Unit Well #17, effective 7-1-69

RECEIVED

JUL 7 1969

D. E. C.  
ARTESIA, OFFICERECEIVED  
JUL 7 1969  
GEOLOGICAL SURVEY  
WASHINGTON, D. C.

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

SIGNED [Signature]TITLE Dist. Prod. & Drlg. Supt.DATE 7-2-69

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD PURPOSES ONLY  
JUL 8 1969  
Date  
ACTING  
District Engineer

\*See Instructions on Reverse Side