

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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 East Shugart Unit	
2. NAME OF OPERATOR Atlantic Richfield Company ✓		8. FARM OR LEASE NAME East Shugart Unit	
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201		9. WELL NO. 16	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter L 1650' FSL 990' FWL		10. FIELD AND POOL, OR WILDCAT Shugart, Y, 7R, Q, G	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3613' DF	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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 in 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 pertinent to this work.)\*

Unitization #14-08-001-11572

Lease name and well number will change from Hinkle B Well #6 to East Shugart Unit Well #16, effective 7-1-69

RECEIVED

JUL 7 1969

U. C. C.  
ARTESIA, OFFICE

RECEIVED  
JUL 7 1969  
ARTESIA, OFFICE

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

SIGNED [Signature]  
(This space for Federal or State office use)

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

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

\*See Instructions on Reverse Side