

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE CATE*
(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, ALLOTTED OR TRIBE NAME

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 GAS WELL OTHER Secondary Recovery SWI Well

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.

21

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Shugart, Y 7R, Q, G

Unit Letter K
2310' FSL
1650' FWL

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

Sec. 35, T18S, R31E

14. PERMIT NO.

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

3640' DF

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

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 & 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

Changed from Hinkle A Well #8 to East Shugart unit Well#21 effective July 1, 1969.

RECEIVED

O. C. C.
ARTESIA, OFFICE

RECEIVED
JUL 7 1969

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

SIGNED [Signature]

TITLE Dist. Prod & Drlg. Supt.

DATE July 2, 1969

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD PURPOSES ONLY
JUL - 8 1969
[Signature]
ACTING District Engineer

*See Instructions on Reverse Side