

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN 1 INDICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

Copy to SF

## 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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 10191
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME East Shugart Unit WF
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 990' FEL (Unit Letter H)		8. FARM OR LEASE NAME East Shugart Unit
14. PERMIT NO.		9. WELL NO. 9
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3649' CTF		10. FIELD AND POOL, OR WILDCAT Shugart Yates Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-T18S-R31E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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O. C. C.  
ARTESIA, OFFICE

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 COMPLETE <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) Temporary Abandoned <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.)\*

The above well was temporarily abandoned November, 1971. Well was uneconomical to produce. This well is in East Shugart Unit Waterflood and is watered out from Yates injection. Plans are to put back on production when response is seen from waterflood.

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OCT 29 1974  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED D. V. Richards TITLE Dist. Prod. & Drlg Supt. DATE October 31, 1974

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL OCTOBER 1975

DATE

\*See Instructions on Reverse Side

APPROVED  
DEC 5 - 1974  
R. L. BEEKMAN  
ACTING DISTRICT ENGINEER