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| Form 9-321 (May 1963) | | ITED STAT | INTERIC | SUBMIT IN 1 (Other instruc.) OR verse side) | LICATE• _3 on re- | | pproved. Bureau No. ATION AND SE |
| | | EOLOGICAL SU | | ····· | | 6. JF INDIAN, AL | |
| | | S to drill or to deep ION FOR PERMIT- | | N WELLS ck to a different reser posals.) | rvoir. | | |
| 1. OIL GAS WELL X WELL | OTHER | | | RECEIV | ED | 7. UNIT AGREEM | |
| 2. NAME OF OPERATOR Atlantic Richfield Company 3. Address of OPERATOR | | | • | OCT 20 1975 | | 8. FABM OR LEASE NAME East Shugart Ur 9. WELL NO. | |
| P.O. Box 1710 4. LOCATION OF WELL (Rep See also space 17 below | ort location clea | New Mexico | 88240 ce with any S | tate requirements | TICE | 9 10. FIELD AND P | DOL, OR WILD |
| At surface 1650' FNL & 99 | 90' FEL (I | Jnit Letter H | H) | | | Shugart 11. SEC., T., E., M SURVEY OF | |
| 14. PERMIT NO. | | 15 Brandstore (Ch. | | | | <u> </u> | 31E |
| 14. PEBMIT NO. | | 15. ELEVATIONS (Show | CTF | RT, GR, etc.) | | 12. COUNTY OR 1 Eddy | PARISH 13. S |
| 16. | Check App | ropriate Box To I | ndicate No | iture of Notice, Re | eport, or O | | |
| NO | TICE OF INTENTI | ON TO: | 1 | | SUBSEQUI | ENT REPORT OF: | |
| TEST WATER SHUT-OFF | PU | LL OR ALTER CASING | | WATER SHUT-OF | r | REPAI | BING WILL |
| FRACTURE TREAT | МО | LTIPLE COMPLETE | | FRACTURE TREAT | IMENT | ALTER | ING CASING |
| SHOOT OB ACIDIZE | AB | ANDON [®] | | SHOOTING OR AC | | - · · · · · · · · · · · · · · · · · · · | ONMENT [*] |
| BEPAIR WELL (Other) | Сн | ANGE PLANS | | (NOTE: Re | port results | 1y Abandon of multiple compl tion Report and I | etion on Wel |
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