

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other insert
verse side)

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-10191

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

East Shugart Unit

8. FARM OR LEASE NAME

East Shugart Unit

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Shugart-Vates/Queen

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

Sec. 35, T18S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL
WELL ☒ GAS
WELL ☐ OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P.O. Box 1978, Roswell, New Mexico 88201

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

At surface

990' FNL, 990' FEL (Unit Letter A)

14. PERMIT NO.

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

3648' Grd

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)

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 perti-
nent to this work.)*

Moved in unit 10/13/69. Perforated Queen formation @ 3400', 3408',
3472', 3477', 3481', 3493', 3591', 3595', 3702', 3711', 3718' w/one 1/2"
JSPF (11 holes). Treated perfs 3400-3418 w/1000 gallons 15% HCl LSTNE
acid & ball sealers. Frac'd w/40,000 gallons slick fresh water &
40,000# 20/40 sand. Ran 2-3/8" production string, pump & rods and
returned well to production. Work completed 10/17/69. Now pumping
load water.

OCT 27 1969

O. C. C.
ARTESIA, OFFICE

OCT 24 1969

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

SIGNED

D. D. Butcher

TITLE

Dist. Drlg. Supervisor

DATE

10-22-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES

OCT 24 1969
Date

ACTING

District Engineer

*See Instructions on Reverse Side