

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1
(Other instructions on re-
verse side)

Copy to S.F.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> TA- 8/12/65		5. LEASE DESIGNATION AND SERIAL NO. LC 058008 (a)	
2. NAME OF OPERATOR Atlantic Richfield Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME East Shugart Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 2310' FWL - Unit Letter C		8. FARM OR LEASE NAME East Shugart Unit	
14. PERMIT NO.		9. WELL NO. 30	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3606' DF		10. FIELD AND POOL, OR WILDCAT Shugart Y, 7R, Q.G.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3 T19S, R31E	
		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:		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) well name change <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.)*

Unitization # 14-08-001-11572

Effective July 1, 1969, the lease name and well number will be changed from McFadden Well No. 2 to East Shugart Unit Well No. 30.

REC'D

JUL 7 1969

U. S. GEOLOGICAL SURVEY
ARTESIAN

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 _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions on Reverse Side