

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		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. 31
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter B 330' FNL 2310' FEL		10. FIELD AND POOL, OR WILDCAT Shugart Y 7R, Q. G.
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3 T19S, R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3614' 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:		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) change in lease and well name <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

Change from McFadden Well #4 to East Shugart Unit Well #31, effective July 1, 1969.

RECEIVED

O. C. C.
ADMINISTRATIVE OFFICE

RECEIVED
JUL 7 1969
U.S. GEOLOGICAL SURVEY

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 [Signature] TITLE DATE
CONDITIONS OF APPROVAL ONLY

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

*See Instructions on Reverse Side