

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1421

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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC 047633 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
J.M. Swearingen "B"
9. WELL NO.
6
10. FIELD AND POOL, OR WILDCAT
Shugart-Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, 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' FSL, 990' FWL (Unit letter M)
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3702' DF

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		
CHANGE PLANS	<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.)*

Production from Queen perforations 3397-3405' has declined to 40 BOPD + 44% water. We propose to fracture treat these perfs w/8000 gal of slick fresh water containing 8000# of 20/40 sand in an attempt to increase this production.

RECEIVED
OCT 20 1971
D. I. C.
DISTRICT OFFICE

RECEIVED
OCT 22 1971
DISTRICT SUPERVISOR
APPROVED

Vertical text on right side: ...action logging to ... of the ...

18. I hereby certify that the foregoing is true and correct
SIGNED R. L. Beekman TITLE Dist. Drlg. Supervisor DATE 10/18/71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____ DATE _____

APPROVED
OCT 23 1971
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side