Form 9-331 (May 1963)	TED STATES	SUBMIT IN TI ICAT	Budget Bureau No. 42-R1424.
DE	PARTMENT OF THE INTE	RIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
011) 100)	LC 047633 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.			7. UNIT AGREEMENT NAME
WELL A WELL	OTHER	RECEIVED	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME -
Atlantic Richfiel  3. ADDRESS OF OPERATOR	d Company	ADD O 1071	Swearingen B
	Johns Now Morriso 99940	APR 8 1974	9. WELL NO.
4. LOCATION OF WELL (Report 1	lobbs, New Mexico 88240 ocation clearly and in accordance with a	ny State requirements.	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface		O. C. C.	
	,	ARTESIA, OFFICE	East Shugart-7R Queen Grbg
990' FSL & 990' F	%L (Unit M)		SURVEY OR AREA
14. PERMIT NO.			14-T18S-R31E
IT. PERMIT NO.	15. ELEVATIONS (Show whether		12. COUNTY OR PARISH 13. STATE
	3702 ' I		Eddy N.M.
<sup>16.</sup> Ch	eck Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data
	OF INTENTION TO:		EQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	REPAIRING WELL  ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	X ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		Completion of Recon	its of multiple completion on Well apletion Report and Log form.) es, including estimated date of starting any
HCl acid down csg	7 BOPD. Present product and across perfs 3397-3	ion 40 BOPD. On 3/20405'. Returned well	0/74 dumped 500 gal 15% to production.
		3	
		9	- 제작한다 한 왕의() - 평일() 8 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	-		# 1
			[설송송] [1] 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			- 현취() 11년
			ကြီးလိုမိုမို သြူ မိရမ်ရှိ သ
		RECEN	
		APR 4 1	<b>97</b> 2
		U.S. GEOLOGICAL	SURVEY S S & A S S S
		ARTESIA, NEW M	
			To the second se
•			
3. I hereby certify that the fore	going is true and correct		
SIGNED /	TITLE _	Dist. Drlg. Supv.	DATE 4/2/74
(This space for Federal or S	tate office use)		
APPROVED BY	TITLE		Section 2
CONDITIONS OF APPROVA	d, IF ANY:		DATE .
APR 5 1074			·캠프 레프 레이션 프로젝트
HYR U MIL			· 100 - 100

\*See Instructions on Reverse Side