

N. M. O. C. C. OFFICE
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructi
verse 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.)

RECEIVED

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Atlantic Richfield Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240</p> <p>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)</p> <p>14. PERMIT NO.</p>		<p style="text-align: center;">MAY 9 1975</p> <p style="text-align: center;">O. C. C. ARTESIA, OFFICE</p> <p>5. LEASE DESIGNATION AND SERIAL NO. LC 047633 (b)</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Swearingen "B"</p> <p>9. WELL NO. 6</p> <p>10. FIELD AND POOL, OR WILDCAT East Shugart 7R On Grbg.</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-18S-31E</p> <p>12. COUNTY OR PARISH 13. STATE Eddy N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3702' DF</p>		

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input checked="" type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>
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SUBSEQUENT REPORT OF:

<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p>
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(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 has declined in this well and we propose to clean out & acidize in the following manner:

1. Rig up, install BOP & lower tbg to check PBD. If necessary, CO w/sd pump to 3415'. Make trip w/bit & scraper.
2. RIH w/tbg & pkr, set pkr @ approx 3340' & acidize w/1000 gals 15% HCL cont'g iron sequestering agent.
3. Swab load back & run completion assembly to return to production.

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MAY - 8 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature]

TITLE Dist. Drlg. Supv.

DATE 5/6/75

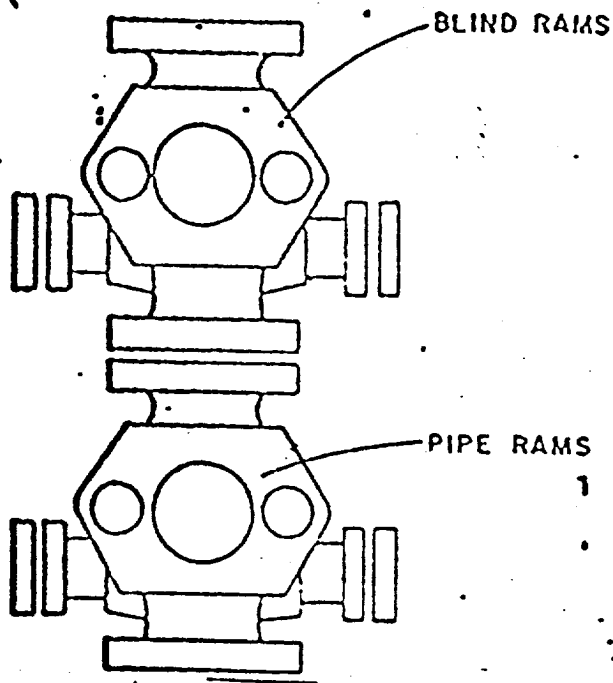
(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APPROVED
MAY - 8 1975
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Swearingen "B"

Well No. 6

Location 990' FSL & 990' FWL
Sec 14, T18S, R31E, Eddy Co.

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MAY - 01975

U. S. GEOLOGICAL SURVEY
ARTESIAN

BOP to be tested before installed on well and will be maintained in good working condition during workover. All wellhead fittings to be of sufficient pressure to operate in a safe manner.