

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
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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 Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. LC 047633 (b)	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 750' FSL & 2060' FWL (Unit letter N)		8. FARM OR LEASE NAME Swearingen "B"	
14. PERMIT NO.		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3694' GR		10. FIELD AND POOL, OR WILDCAT Shugart Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-T18S-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:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)*

TD 3525', PBD 3488'. Fresh water injection into this well has become uneconomical and was shut in on 2/27/76. Present perforated interval is 3428-3438'. 8-5/8" 24# J-55 csg set @ 786.37' RKB (RKB 3703'). Circ to surf. 4 1/2" OD 9.5# J-55 csg set @ 3524.39' RKB (RKB 3703'). Cmt d w/300 sx. Top of salt @ 928'. Bottom of salt 2107'. Propose to P&A in the following manner:

1. Rig up, install BOP, pull injection assembly.
2. RIH w/4 1/2" OD cmt retr on 2-3/8" OD EUE tbg, set retr @ 3350'. Displace 30 sx Cl C cmt cont'g 4% gel below retr @ 3350'. Pull out of retr & cap w/10 sx (35' plug) Cl C cmt cont'g 4% gel.
3. GIH w/WL cutting shot & cut 4 1/2" csg from free point estimated @ 1850' & pull.
4. Spot 40 sx Cl C cmt cont'g 4% gel (100' cmt plug) half in & half out of 4 1/2" OD csg stub.
5. RIH w/8-5/8" OD cmt retr, set retr @ 715'. Displace 65 sx Cl C cmt cont'g 4% gel & cover 8-5/8" OD csg shoe @ 786' & top of salt @ 928'. Fill hole w/heavy gelled mud between all cmt plugs.
6. Spot 10 sx cmt @ surface. Install regulation dry hole marker, clean & level location.

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

SIGNED

TITLE

Dist. Dir. Supv.

DATE 3/30/76

(This space for Federal or State office use)

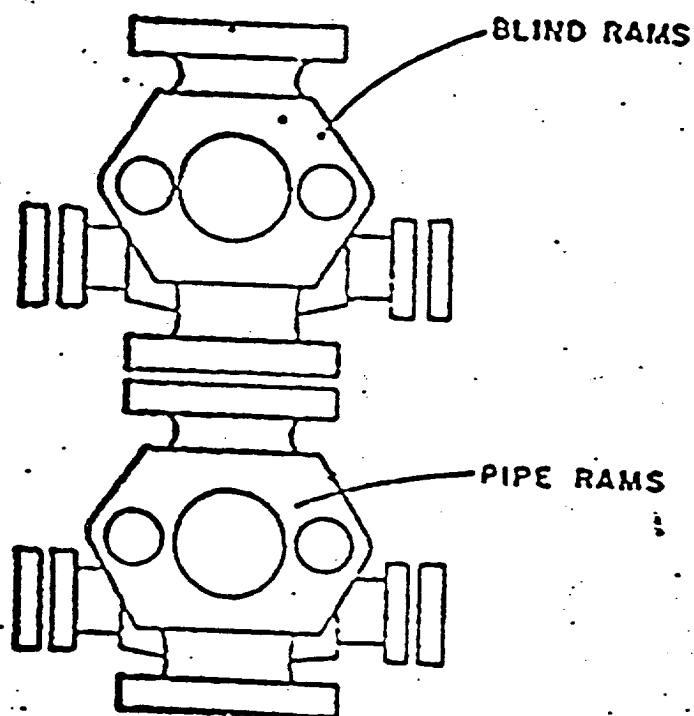
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Swearingen "B"

Well No. 7

Location 750' FSL & 2060' FWL
Sec 14-T18S-R31E, Eddy County

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

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