

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 2938

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Panco Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Shugart Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

23-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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 ☐ GAS WELL ☐ OTHER ☒ Water Injection well

2. NAME OF OPERATOR

Atlantic Richfield Company ✓

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

100' FNL & 100' FWL (Unit letter D)

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3686' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Cmt 8-5/8" X 4 1/2" Csg Annulus ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

On 1/15/75 rigged up and bradenhead squeezed water injection well through 8-5/8" X 4 1/2" casing annulus w/400 sx Cl C cmt w/18% salt, 6% gel & 2% CaCl, MP 400#. WOC 24 hrs. Resumed water injection on 1/17/75. Final Report.

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

SIGNED

TITLE

Dist. Drlg. Supv.

DATE

1/23/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 27 1975

K. L. BEEKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side