

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other Instructions on reverse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. NM-2938
2. NAME OF OPERATOR Atlantic Richfield Company ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201	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 2310' FNL, 2310' FWL Section 23, (Unit Letter F)	8. FARM OR LEASE NAME Panco Federal
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3682' Grd	10. FIELD AND POOL, OR WILDCAT Shugart-Queen
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Completion <input checked="" 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.)*

Finished drlg 7-7/8" hole to 3535' @ 3:45 PM 11/16/69. Ran 108 jts of 5 1/2" 15.5# J-55 8R ST&C Class II casing w/guide shoe, float collar and four centralizers = 3520', set @ 3529'. Cemented w/300 sx Class "C" neat cement. Plug down @ 2:55 AM 11/17/69. Had good returns while cementing. Tested 5 1/2" casing to 1500# for 30 min. Held OK. Job complete @ 10:55 PM 11/20/69 after 80 hrs WOC. Perforated 3449-3459' w/two 1/2" JSPF (GR-N). Treated perfs w/1000 gallons 15% LSTNE HCl acid & ball sealers. Frac'd perfs w/10,000 gallons fresh water & 15,000# of 20/40 sand. Treatment down 5 1/2" casing @ 25 BPM @ 1800#. Ran Johnson 101-S tension packer, internally & externally plastic coated below packing element, and 108 jts of 2-3/8" tbgs, set @ 3396'. Loaded annulus w/treated water. Work complete 11/23/69. Started water injection 12/2/69.

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

SIGNED A.D. Satchers TITLE Dist. Drlg. Supervisor DATE 12-3-69

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD PURPOSES
DEC 5 - 1969
Date
ACTING District Engineer

*See Instructions on Reverse Side