Form 9-331 (May 1963)		U' TED STATE ME í OF THE I GEOLOGICAL SUF	S INTERIC	(Othon instruction	CATE* →n re-	Form approve	u No. 42-R1424.
		TICES AND REPO		N WELLS sk to a different reservoir. posals.)		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
	AS OTHER	Water Inje	ection W	/ell		7. UNIT AGREEMENT NA 8. FARM OR LEASE NAM	
	RichfieldCom	pany V	, et	LOCE VEI	D	Panco Federa	1
 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 						9. WELL NO. 4 10. FIELD AND FOOL, OR WILDCAT Shugart Queen	
2310' FN	L & 2310' FWL	(Unit letter I	F)	G. G. C. ARTESIA, OFFICE		11. SEC., T., R., M., OR B SURVEY OR AREA 23-T18S-R31E	
14. PERMIT NO.		15. ELEVATIONS (Show		T, GR, etc.)		12. COUNTY OR PARISH	13. STATE
		3682	' GR			Eddy	N.M.
16.	Check A	ppropriate Box To In	dicate Na	ture of Notice, Repor	t, or O	ther Data	
	NOTICE OF INTE	NTION TO:		SUBSEQU	ENT REPORT OF:		
TEST WATER FRACTURE TRI SHOOT OR ACI REPAIR WELL	SAT	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMEN SHOOTING OR ACIDIZI (Other) Shu	NG	REPAIRING W Altering CA Abandonmen WIW	.81NG

 COMPART
 WIW
 X

 (NOTE: Report results of multiple completion on Well
 Completion or Recompletion Report and Log form.)

 d give pertinent dates including article in the second 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.)*

(Other)

Water injection into this well has become uneconomical and fresh water injection to this well was shut down on 2/27/76 at the Swearingen Waterflood station which furnished water for this well. This injection well is presently being held and evaluated for plugging and abandonment.

RECEIVED

MAR 1 1 1976

U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

18.	I hereby certify that the foregoing is true and correct SIGNED	TITLE Dist. Drlg. Supv.	DATE
	(This space for Federal or State office use)		
	APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
-	MAR Stores *S	ee Instructions on Reverse Side	