WELL

14. PERMIT NO.

16.

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

GAS

ACTING DISTRICT ENGINEER

OTHER

Atlantic Richfield Company

2078' FSL & 1892' FWL (Unit Letter K)

GEOLOGICAL SURVEY

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.)

P. O. Box 1978, Roswell, New Mexico 88201 . . . LOCATION OF WELL (Report location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location clearly and in accordance with any State mention of the location of the locat

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E TENER TOTAL NO. 41 11124 LENSE DESIGNATION AND SARIAL NO.
LEASE DESIGNATION AND SERVAL NO
LC 070409
IF INDIAN, ALLOTTEE OR TRIBE NAME
UNIT AGREEMENT NAME
COIT AGREEMENT NAME
Digital of Alice Vive
FARM OR LEASE NAME
Pure Federal
WELL NO.
1
). FIELD AND POOL, OR WILDCAT
Catclaw Draw-Morrow
1. SEC., T., B., M., OB BLK. AND SURVEY OR AREA
Sec. 11. T-21S, R-25E

12. COUNTY OR PARISH! 13. STATE

N.M.

Eddy

Check Appropriate Bo	ox To Indicate	Nature of Notice,	Report, or	Other Data

SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT SHOOTING OR ACIDIZING ABANDONMENT. ABANDON* SHOOT OR ACIDIZE REPAIR WELL CHANGE PLANS (Norz: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

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

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.) *

Treated OH section 9995-10367' w/10,000 gallons $7\frac{1}{2}\%$ HCl acid containing 1500 SCF per bbl of CO_2 . Gas rate @ 8:00 AM 7/9/73 = 1.966 MMCFD, separator pressure 680#.

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D. S. 1870 Colon Colons ARTESIA, MEN MEXILIS

18. I hereby certify that the foregoing is true and correct		
SIGNED	TITLE Dist. Drl	g. Supervisor DATE 7/11/73
(This space for Federal or State office use)		្រុស្សម្ប៉ា ម៉ឺ ង សិទ្ធិរ៉ា
APPROVED BY	TITLE	DATE

*See Instructions on Reverse Side