## SUBMIT IN TRIF DEPARTMELL OF THE INTERIOR (Other in verse side)

3152.2' GR

N.M.

| 5. | LEASE | DESIGN |  |  |
|----|-------|--------|--|--|

Eddy

|    | GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME    |   |
|----|---|---|---|
|    | SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plus use "APPLICATION FOR PERMIT—" for such |   |   |
|    | OIL GAS X OTHER   | RECEIVED                                | 7. UNIT AGREEMENT NAME                              |
| 2. | NAME OF OPERATOR  | A Reserve Vagor Scientific V. According | 8. FARM OR LEASE NAME                               |
|    | Atlantic Richfield Company  |   | Kurland Federal                                     |
| 3. | ADDRESS OF OPERATOR   | DEC 23 1976                             | 9. WELL NO.   |
|    | P. O. Box 1710, Hobbs, New Mexico 88240   |   | 1   |
| A  | LOCATION OF WELL (Report location clearly and in accordance with at See also space 17 below.)                                       | THE LEAD LEADING AND SHEAR AND SHEAR    | 10. FIELD AND POOL, OR WILLWAT                      |
|    | See also space 17 below.)<br>At surface   | ARTESIA NEW MEXICO                      | Burton Flat Morrow Gas                              |
|    | 1980' FSL & 1980' FWL (Unit Letter S)   | FILTED                                  | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA |
|    |   | ED 25 Miss                              | 6-21S-27E   |
| 14 | PERMIT NO. 15. ELEVATIONS (Show whether   | 12. COUNTY OR PARISH 13. STATE          |   |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACIDIZING ABANDONMENT\* Morrow Gas only REPAIR WELL 'HANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

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.) \*

Rigged up on 12-5-76, killed well, installed BOP, POH w/completion assy. RIH w/cmt retr, set retr @ 10,949'. Pmpd 75sx C1 H cont'g .6% Halad 9 & displ w/62 BFW. MP press. 4400#, Final P. 3500#. Rev out 10 sx cmt. Morrow Gas Zone 11,055-11,102' P&A eff: 12-6-76.

Recompletion to the Strawn Gas to be reported separately. 18. I hereby certify that the foregoing is true and correct 12-17-76 Dist Drlg. Supv. SIGNED TITLE \_ DATE (This space for Federal

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE DEC 2 7 1976