TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

(Other)

SHOOT OR ACIDIZE

ERE IVI. U. U. U. U. U

NITED STATES SUBMIT I DEPAR MENT OF THE INTERIOR verse side)

SUBMIT IN PLICATE*
(Other instructions on re-

Form approved. Budget Bureau No. 42-R142

5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (b)

GEOLOGICAL SURVEY

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

_	6.	IF	IND	IAN, A	LLOTI	EE	OR	TRIBE	NAME	-
	y	÷.,	3.3		24					

OR WILDCAT	LOCATION OF WELL (Report location clearly and in accordance with 247 State requirements. See also space 17 below.)	4.
	See also space 17 below.) At surface	4.
8 to \$50 1 to \$1 1 to \$2		4
3" 5	P. O. Box 1978, Roswell, New Mexico 88201	
3 " 🥌	ADDRESS OF OPERATOR	3.
NAME	Atlantic Richfield Company	۵.
NAME	OIL GAS WELL OTHER Shut-In	_
NAME	AT	i.

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

WATER SHUL-OFF

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERNOG CASING

WATER SHUL-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Shi - In X

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

17. DESCRIBE ROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and live 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.)*

This well was shut-in in July, 1970, because it was not longer economical to produce. The well is being held for future waterflood project.

RECEIVED

ABANDON*

CHANGE PLANS

MAY 27 1971

O. C. C. ARTESIA, OFFICE

RECEIVED

MAY 25 1971

U. S. GEOLOGICAL SURSANTESIA, NEW MEXICE

8. I hereby certify that the foregoing is true and correct SIGNED	Dist. Drlg.	Supervisor DATE 5/24/7]
(This space for Federal or State office use)		
· · · · · · · · · · · · · · · · · · ·		
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
5201:		그는 이 그 있는 기속을 충활 축구되다.

*See Listructions on Reverse Side