

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0174830-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mona Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Tobac

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 17-T8S-R33E

12. COUNTY OR PARISH 13. STATE

Chaves

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

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

1980' FSL & 1980' FWL

14. PERMIT NO.

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

4413' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Shut off water production

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

13-3/8" OD 8R 48# H-40 csg set @ 402'

8-5/8" OD 8R 24# J & 32# H csg set @ 3594'

4-1/2 OD 8R 10.5# & 11.6# set @ 9005' TOC by temp survey 7660'

Perf. 8931' to 8936' & 8941' to 8947' w/2 JSPF

The following work to begin approx 05/26/75

1. MI& R.V. P.U. POH w/CA
2. GIH w/RBP & treating pkr.
3. Set BP @ 8900' & Swab dry & check for fluid entry.
4. If no fluid entry perf & squeeze hole @ 8850'
5. Squeeze holes w/50 sx LWL cmt & 50 sx Class C cmt
6. Drill out & test squeeze
7. Retrieve BP
8. Run CA
9. Acidize w/1000 gel if necessary to regain production.

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

SIGNED

TITLE Dist. Drlg. Supv.

DATE 5/23/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side