Form 9-331 (May 1963) DEPAR	UNITED STATES TMEN OF THE INTER GEOLOGICAL SURVEY	SUBMIT IN TRIPLICATIONS (Other instructions verse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 0174830 A
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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL V GAS		proposais.	7. UNIT AGREEMENT NAME
WELL WELL OTHER 2. NAME OF OPERATOR	Plug & Abandon		
· -			8. FARM OR LEASE NAME
Atlantic Richfield Comp	pany		Mona Federal
	N W	, sa tara	9. WELL NO.
P. O. Box 1710, Hobbs, 4. Location of Well (Report location	New Mexico 88240	- 54-4	5 5 5
See also space 17 below.) At surface	and in accordance with an	y State requirements.	10. FIELD AND POOL, OR WILDCAT Chaveroo San Andres 11. SEC., T., B., M., OR BLE. AND
1980' FNL & 1980' FEL	(Unit letter G)		SURVEY OR AREA
			17-8S-33E
14. PERMIT NO.	15. ELEVATIONS (Show whether	OF, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE
	4414' [<u>)F</u>	Chaves N.M.
16. Check A NOTICE OF INTE	Appropriate Box To Indicate ENTION TO: PULL OR ALTER CASING MULTIPLE COMPLETE		r Other Data BEQUENT REPORT OF: BEPAIRING WELL ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	Plug & Abandon X
(Other)		(Note: Report resu Completion or Reco	ults of multiple completion on Well
On 5/19/75 rigged up, tbg to 4202'. Pmpd 34 csg @ 3602' & recovere Shot 8-5/8" csg @ 2195 90 sx C1 C cmt plug @	installed BOP. WIH sx Cl C cmt w/4% ged. Spotted 40 sx Cl ', could not pull. 1100' across 8-5/8" '. Spotted 10 sk cm 75. Clean location	w/bit & csg scraper l below retr & 6 sx C cmt w/4% gel 3680 Shot 8-5/8" csg @ 99 csg stub. Spotted 9 t plug @ surface. I	to 4203'. Ran cmt retr on above retr. Cut $4\frac{1}{2}$ " OD 0-3510' across $4\frac{1}{2}$ " csg stub. 95' & recovered 995'. Spotted 90 sx C1 C cmt 460-356' acros installed regulation dry hole a accordance w/USGS

8. I hereby certify that the foregoing is true and correct SIGNED	TITLE _	Dist. Drlg. Supv.	DATE 5/29/75
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE _	10	
*Se	e Instructi	ons on Reverse Side	