16.

UI ED STATES UI ED STATES SUBMIT IN TRI DEPARTMENT OF THE INTERIOR (Other instruction verse side) GEOLOGICAL SURVEY : J. C.

'ATE* n re-

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM 0174830-A

SUNDRY	NOTICES	AND	REPORTS ON WELLS
No		a. 1	

(Do not use this form for proposals to drill or to deeden de blue back o a different reservoir.

Use "APPLICATION FOR BERMIT" for such proposals.) 7. UNIT AGREEMENT NAME OTHER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME Adam K. Grafe Associates, Inc. & The Wil-Mc Oil Corp. Atlantic-Richfield 3. ADDRESS OF OPERATOR 9. WELL NO. Federal 3900 Lemmon Avenue, Dallas, Texas 75219 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAY Chaveroo 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 660' FEL 1980' FSL, Sec. 8, T8S, R33E Chaves County, New Mexico Sec.8, T8S, R33E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 4423 G Chaves New Mexico

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

NOTICE OF INTENTION TO:			SUBSEQUANT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL	<u> </u>	
SHOOT OR ACIDIZE		MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING ABANDONMENT*		
REPAIR WELL (Other)		CHANGE PLANS		(Other) Surface Casing (Note: Report results of multiple completion on Well	X	

- 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.) proposed work. I nent to this work.)
 - Spud l. 3:30 p.m. 7-30-67.
 - 2. Drilled $12\frac{1}{4}$ " hole to 350'.
 - Set 8-5/8" casing at 340'. 3.
 - 4. Cemented with 250 sacks regular cement with 2% gel. Circulated cement.
 - Tested casing to 1000 psi before drilling plug. Held O.K. for 30 minutes.

18.	I hereby certify that the foregoing is true and correct						-
	BIGNED THE STATE OF THE STATE O	TITLE	Vice	President	DATE	8-10-67	_
	(This space for Federal or State office use)					- 1	=
	APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		APF	PROVEDE	· · · · · · · · · · · · · · · · · · ·	-

AUG 11 1967