		was to	~, CO	ny					
U' TED STATES SUBMIT IN TRI (May 1963) DEPARTME. Γ OF THE INTERIOR (Other instructio in re- GEOLOGICAL SURVEY						Te S. LEASE DE	Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO.		
							8. IF IRDIAN, ALLOTTEE OR TRIBE NAME		
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.)							The Land		
I. OIL X GAS WELL OTHER						7. UNIT AGRI	EMENT-NAME		
WELL OTHER 2. HAMB OF OPERATOR							8. FARM OR LEASE NAME		
Atlantic Richfield Company 3. ADDRESS OF OFFRATOR							an Federa	1	
P. O. Box 1710, Hobbs, New Mexico 88240						9. WELL NO.	1		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface							10. FIBLD AND POOL, OR WILDCAT		
at materia							Cato-San Andres		
1980' FNL & 660' FEL (Unit letter H)							T OR AREA		
14. PERMIT NO. 15. BLEVATIONS (Show whether DF, RT, GR, etc.)							8, T8S, R	30E STATE	
	4148' GR							N.M.	
16. Ch	eck Appropriate Box	To Indicate I	Nature o	f Notice	, Report, o	or Other Data	3		
	OF INTENTION TO:					SEQUENT REPORT O			
TEST WATER SHUT-OFF	PULL OR ALTER CAS			ATER SHU	T-off	a Bi	PAIRING WELL		
SHOOT OR ACIDIZE	MULTIPLE COMPLET	'E			REATMENT		TERING CASING		
REPAIR WELL	ABANDON* CHANGE PLANS		1	HOOTING O	e acidizing Te	emporarily	Abandon	X	
(Other)			'	(Note	: Report res	sults of multiple co	mpletion on We	-1 1	
Temporarily aban Will hold for po				ing ro	ds, pum	tubing &	Configuration of the state of t	well.	
				R	,	Triples of the second state of the second state of the second state of the second state of the second secon	e destroped for generalities proposity to perform to destrope for the second for the following such that the story of the second for the story of the second for the story of the second for the second f		
18. I hereby certify that the far				9. S. (ECE. NOV20 GEOLOGIC ISIA. NEW	adicating the participant of the	Therefore		
signed O. D. A.	egoing is true and correct	TITLE	Dist.	Drlg,	Supv.	DATE	11/19/73	<u> </u>	
(This space for Federal er S	tate office use)						a day		
CONDITIONS OF APPROVA	T IP ANU.	TITLE				DATE			
CONDITIONS OF APPROVA		e Instruction	D	C. I	_	DATE TO SHEET TO SHEE	1		
77 5 3 6 mm	36	E INSTRUCTION	SOU LEA	erse Dide	2				

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O. T. C. ARTESIA. DI FIGE