SUNDRY NOTICES AND REPORTS ON WELLS (Do not see this form for represents to define or plotegon or plant by the proposal to define or proposal to define o	Form 9-331 (May 1963)									
THE WILL OF SHARES TRANS OF CREATER Atlantic Richfield Company Atlantic Richfield Company Analysis of Orbanes Atlantic Richfield Company A Administration P. O. Box 1710, Hobbs, New Mexico 88240 4. Document of orbanes Bee also appear if below.) At surface 1980' FNL & 1980' FEL (Unit letter G) 19. MEXICO OF SHARES 1980' FNL & 1980' FEL (Unit letter G) 10. MEXICO OF SHARES 10. MEXICO OF DATE OF SHARES 10. MEXICO OF SHARES 10. MEXICO OF DATE OF SHARES 10. MEXICO OF SHARES 10	(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.									
Atlantic Richfield Company A Adolesis of Orbanos P. O. Box 1710, Hobbs, New Mexico 88240 4. Location or wall. (Report location clearly and in accordance with any State requirements.* See also agree 17 below.) 1980' FNL & 1980' FEL (Unit letter G) 1980' FNL & 1980' FEL (Unit letter G) 10. Manyarinous (Show whether or, M. Ca. etc.) 11. Manyarinous (Show whether or, M. Ca. etc.) 12. County or Falling 13. State 1880' FEL (Unit letter G) 13. County or Falling 13. State 1880' FEL (Unit letter G) 14. State 1880' FNL & 1980' FEL (Unit letter G) 14. State 1880' FNL & 1980' FEL (Unit letter G) 15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 2888800MM and 1888800MM and 188880MM and 1888880MM and 188880MM and 188880MM and 188880MM and 188880MM and 188	OIL X GAS OTHER									
10. FIRED AMP POOL, OR WILLDER Bee also game 17 below.) 1980' FEL (Unit letter G) 1980' FEL (Unit letter G) 1980' FEL (Unit letter G) 10. Sec. 28, T8S, R30E 14. FERMIT NO. 15. REVATIONS (Show whether or, Nr. OR, etc.) 12. COUNTY OR FARENHI 13. STATE Chaves 18. Chaves 18. Chaves 18. N.M. 10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SOUTCE OF INTENTION TO: THEY WATER SHUT-OFF FLACTORE TREATMENT MULTIPLE COMMINTE MARADON* ALTER CARINO NOTE: Report results of multiple completion or well (Completion or Recompletion Report and Log form.) 17. DESCRIEF PROPOSED OR COMPLETED OFFERATIONS (Clearly state all pertinent details, and size pertinent date. Indicate of starting a proposed over the well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per new to this work.) 18. Temporarily abandoned well on 10/23/73 by pulling rods, pump & tubing & capping well. 19. There is no to this work.) 19. There is no to the second of the completion of the pertinent date. In the completion of the pertinent date. In the completion of the pertinent date is not below the completion of the pertinent date. In the completion of the pertinent date is not below the completion of the pertinent date. In the completion of the pertinent date is not below the pertinent date. In the completion of the pertinent date is not below the pertinent date. In the pertinent date is not below the pertinent date. In the pertinent date is not below the pertinent date in the pertinent date is not below the pertinent date. In the pertinent date is not below the pertinent date in the pertinent date is not below the pertinent date. The pertinent date is not below the pertinent date in the pertinent date is not below the pertinent date in the pertinent date is not below the pertinent date in the pertinent date of the pertinent date is not below the pertinent date in the pertinent date in the pertinent date in the pertinent date in the p	Atlantic Richfield Company									
1980' FNL & 1980' FEL (Unit letter G) 14. PREMIT HO. 15. REVATIONS (Show whether Dr. Nr. OS. etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **SOURCE OF INVENTION TO: **SUBBROADERT REPORT OF:** **PULL OR ALTER CASING MULTIPLE COMPLETE SHOOTOF TRANSMING CABING ALTER CASING (Other) **TRACTOR TRAINS (CABING SHOOTOF) ALTERIANS (CAB	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)							Cato-San Andres		
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CONDITIONS OF APPROVAL, IF ANY: (This space for Federal or State office use) TITLE _

*See Instructions on Reverse Side

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O. C. C.

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