

OPERATOR'S COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN TRIPlicate*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM0346362 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Woodman Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Cato-San Andres

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

Sec 28, T8S, R30E

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

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.)

| | | | |
|--|--|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Atlantic Richfield Company | | 8. FARM OR LEASE NAME Woodman Federal | |
| 3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240 | | 9. WELL NO. 3 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL (Unit letter A) | | 10. FIELD AND POOL, OR WILDCAT Cato-San Andres | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4145' GR | |
| 12. COUNTY OR PARISH Chaves | | 13. STATE N.M. | |

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) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(Other) Temporarily Abandon ☒

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

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.)*

Temporarily abandoned well on 10/21/73 by pulling rods, pump & tubing & capping well.
Will hold for possible secondary recovery use.RECEIVED
NOV 20 1973
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED O.D. BritchesTITLE Dist. Drlg. Supv.DATE 11/19/73

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:TITLE DISTRICT ENGINEERDATE Nov 28 1973

RECEIVED
NOV 27 1973
C. B. D.
ARTICLE 14, U.S. Code

RECEIVED

NOV 27 1973

C. B. D.
ARTICLE 14, U.S. Code