

N. M. O. C. C. COPY
 UNITED STATES DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
 (Other instructions
 verse side)

Form approved.
 Budget Bureau No. 42-R1424.

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 GAS WELL OTHER P&A

2. NAME OF OPERATOR
 Atlantic Richfield Company

3. ADDRESS OF OPERATOR
 P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
 See also space 17 below.)
 At surface
 990' FNL & 1650' FEL (Unit letter B)

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 4115' GR

5. LEASE DESIGNATION AND SERIAL NO.
 NM 0155494-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 Winkler Federal

9. WELL NO.
 13

10. FIELD AND POOL, OR WILDCAT
 Cato San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 29-T8S-R30E

12. COUNTY OR PARISH
 Chaves

13. STATE
 N.M.

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SEP 22 1976

O. C. C.
 ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(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.)*

Rigged up on 11/4/75 & installed BOP. POH w/completion assy. Made trip w/bit & csg scraper, OK. Ran 4 1/2" cmt retr & set @ 3250'. Cmt squeezed perms 3289-3368' w/35 sx Cl C cmt w/4% gel. Displaced 4 sx Cl C w/4% gel on top of retr. Filled hole between all plugs w/heavy gelled mud. Shot 4 1/2" OD csg off @ free point indicated @ 2095'. Rec 2095'. Spotted 50 sx Cl C cmt (100' plug) across 4 1/2" OD csg stub @ 2095'. Spotted 50 sx Cl C cmt (100' plug) across top of salt @ 1000'. Spotted 35 sx Cl C cmt (100' plug) in & out of 8-5/8" OD csg shoe @ 288'. Spotted 10 sx Cl C @ surface, installed regulation dry hole marker, cleaned & leveled location. P&A effective 11/6/75. Your office to be notified when location is ready for inspection.

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 NOV 13 1975
 U. S. GEOLOGICAL SURVEY
 ARTESIA, NEW MEXICO

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

SIGNED _____ TITLE Dist. Drlg. Supv. DATE 11/11/75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ADDITIONAL STAMPS AND SIGNATURES

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CH. COMMISSIONER OF CORR.
MORRIS W. M.