Form 9-331 (May 1963)	UI TD STATES DEPARTMENT OF THE INT	SUBMIT IN TRIP! TEO	
GEOLOGICAL SURVEY			LC 059152 (b)
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals of the propos			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL X WELL		Time	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	OTHER	- Ch	
	-14 C	The contract of the second	8. FARM OR LEASE NAME
Atlantic Richfi  8. ADDRESS OF OPERATOR	eld Company		Johns "B" DE
	77 1 1	CEOPOLO STATE	9. WELL NO.
P. O. Box 1710, Hobbs, New Mexico 88240  1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			11
See also space 17 below.) At surface	totation clearly and in accordance with	any State requirements.	10. FIELD AND POOL, OR WILDCAT
660' FNL & 1980' FWL (Unit letter C)			Maljamar Grayburg SA
			11. SEC., T., B., M., OE BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show wheth		24-17S-32E
		er DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	4082 ' DF		Lea N.M.
16.	Check Appropriate Box To Indica	te Nature of Notice Report of C	
NOTIC	CE OF INTENTION TO:	i e	: •
Г		SUBSEQU	ENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	X ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
CONTRACTOR Add Dog	CHANGE PLANS	(Other)	
17. DESCRIBE PROPOSED OF COM	rfs same zone	Completion of Recomple	of multiple completion on Well etion Report and Log form.)
proposed work. If well nent to this work.) *	is directionally drilled, give subsurface	tinent details, and give pertinent dates, locations and measured and true vertical	etion Report and Log form.) including estimated date of starting any l depths for all markers and zones perti-
mp 400ml -	_		
TD 4395', PBD 43	371'. Presently complete	ed from perfs 4120-30' &	4140-50'. Propose to
add additional p	perfs and acid treat in a	an attempt to increase p	roduction in the followin
manner:		**************************************	one following
_		÷	
1. POH w/complet	ion assembly.	ģ	
2. Perforate add	ditional zone @ 4226, 422	28, 4230, 4232, 4236, 43	12 4314 9 43161
Of termi tipl 360 @	FAUTU . I LEAT DETTE 431	12-16' 11/600 ~-1- 158 220:	* 0.*
1. Fick up by &	re-set @ 4270 Treat r	nerfs 4996_36 w/500 ~~1	- 150 1101
o. rump 2000 gar	is pau (2% KCL water). I	Plimp 2000 gale 150 uci a.	ada 0 41 1 / 2
2% KCL water	after each 2000 gals. I	POH w/RRD & min acm=1-+-	ciu & Ilush W/slick
Production.	Burn 1	our worder & run completion	on assy & return to
		ξ.	·罗克萨罗 (夏)克弗雷克
		The state of the s	·열실 취임 - 호스 존토증용

Dist. Drlg. Supv.

TITLE .

TITLE

\*See Instructions on Reverse Side

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

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_\_CONDITIONS OF APPROVAL, IF ANY:

peodán instructions sp. Borble State rec

10/11/74