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NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	HOBAS OFF	SION Effective I-I-65
U.S.G.S. LAND OFFICE OPERATOR	Åpr 12 11 :	5a. Indicate Type of Lease         State       Fee         5. State Oil & Gas Lease No.
LOO NOT USE THIS FORM FOR PR USE "APPLICAT	RY NOTICES AND REPORTS ON WELLS oposals to drill or to deepen or plug back to a different ri fion for permit - " (form C-101) for such proposals.) other- P & A	7. Unit Agreement Name
2. Name of Operator Atlantic Rich 3. Address of Operator P. O. Box 197	field Company 8, Roswell, New Mexico	8. Farm or Lease Name B.C. Dickinson "B" 9. Well No. 3
4. Location of Well	660FEET FROM THE South 33	0 FEET FROM
THE West	12 TOWNSHIP RANGE 37	-Е 12. County
	Lea	
	Appropriate Box To Indicate Nature of Notice, NTENTION TO:	Report or Other Data SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CE	pletion attempt in X

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Shot off w/jet casing cutter and pulled 7" casing. Recovered 138 jts (6347.22'). Conditioned hole, ran OH logs. Set 175 sk Incor + 2% CaCl cement plug from 6397-6000'. Ran 2 Lynes 7-3/8" OD OH inflatable straddle packers to test San Andres. Set pkrs @ 5431' & 5461'. Acidized w/1000 gallons 15% LSTNE. After Pumping 300 gal acid, top packer communicated. Reset pkrs @ 5429' & 5459' & pumped in remainder of acid. Started swbg, swabbed well dry. Released Lynes packers. Drilled out to 6110. Perforated San Andres OH from 6076-96 w/l JSPF. Set one 7-3/8" OD Lynes OH pkr @ 6052'. Held 3500# on formation for 3-1/2 hrs & could not get Treated San Andres OH 6052-6110 w/250 gal MA & 1000 gal 15% breakdown. Started swabbing, swabbed well dry, no show of oil or gas. Set HC1. the following neat Incor cement plugs to P & A: 50 sx from 4805-4680; 15 sx from 65' to surface. Installed dry hole marker, well P & A 3/30/67.

8. I hereby	y certify that the information above is true and c Original Signed A. D. Kloxin		rod. Supt. DATE $4-10-67$
APPROVED B	John W. Runyan	TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY: