16.

Form approved.

(May 1963) DEI	PARTMEN. JF THE INTERIOR (Other instructions geological survey	5. LEASE DESIGNATION AND SERIAL NO. NM-052 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY (Do not use this form f	6. IF INDIAN, ALLOTTER OF THE STATE		
2. NAME OF OPERATOR Atlantic Richfie 3. ADDRESS OF OPERATOR P. O. BOX 1710.	Hobbs. New Mexico 88240	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Mescalero Ridge Unit 35 9. WELL NO.	
4. LOCATION OF WELL (Report See also space 17 below.) At surface	location clearly and in accordance with any State requirements.	Pearl Queen 11. SEC., T., B., M., OR BLK, AND SURVEY OR AREA 35-19S-34E	
14. PERMIT No.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Lea N.M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING Y (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Paport 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.)*

RU 2/20/79. POH w/compl assy. Cleaned out to 5146'. RIH w/compl assy. Spotted 600 bbls Super C-Dex, waited 8 hrs, pumped into formation. Pmpd 8 BO & 64 BW in 11 hrs. In 24 hrs pmpd 0 BO & 116 BW. POH w/compl assy. RIH w/pkr on 2-3/8" tbg, set pkr @ 4520'. Trtd perfs 4559-5035' w/750 gals xylene & nitrogen. SI 24 hrs. RIH w/compl assy. In 24 hrs pmpd 6 BO & 108 BW. On 24 hr test 3/26/79 pmpd 16 BO & 89 BW. Final Report.



U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

8. I hereby certify that the foregoing is true and correct				
SIGNED The		Dist. Drlg. Supt.	DATE 3/30/79	
(This space for Federal or State office use)				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	and the second second	DATE	
COMPLETONIC OF THE PARTY				

RECEIVED

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OIL CONSERVATION COMM.