

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O. C. C.

SUBMIT IN TRIPLICATE  
(Other instructions on reverse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-052	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FNL & 1980' FWL (Unit letter F)		8. FARM OR LEASE NAME Mescalero Ridge Unit 35	
14. PERMIT NO.		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3710' GR		10. FIELD AND POOL, OR WILDCAT Pearl Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-19S-34E	
		12. COUNTY OR PARISH Lea	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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.)\*

Propose to clean out &amp; perforate additional Queen, acidize and return to production in the following manner:

1. Rig up, POH w/rods & pump, install BOP & POH w/tbg.
2. Clean out hole to PBD.
3. RIH w/tbg, pump & rods w/pump unseated. Spot 800 gals C-Dex on formation. Seat pump & SI (9-24 hrs). Return to prod for 5 days.
4. POH w/compl assy.
5. Perforate w/l JSPF 4741, 43, 4938, 48, 71, 75, 99, 5004, 11, 15, 5058'.
6. RIH w/tbg. Pump scale treat followed by 2500 gals 15% DI NEA acid. Pump 200-400# 50% benzoic acid flakes & 50% rock salt in 200-400 gal of 50#/1000 gal refined guar-gelled 10# brine. Pump scale treat followed by 2500 gal 15% DI NEA acid. Swab back load.
7. RIH w/compl assy & return to production.

RECEIVED

JAN 24 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

SIGNED



TITLE

Dist. Drlg. Supt.

DATE

1/23/79

(This space for Federal or State office use)

APPROVED BY

TITLE

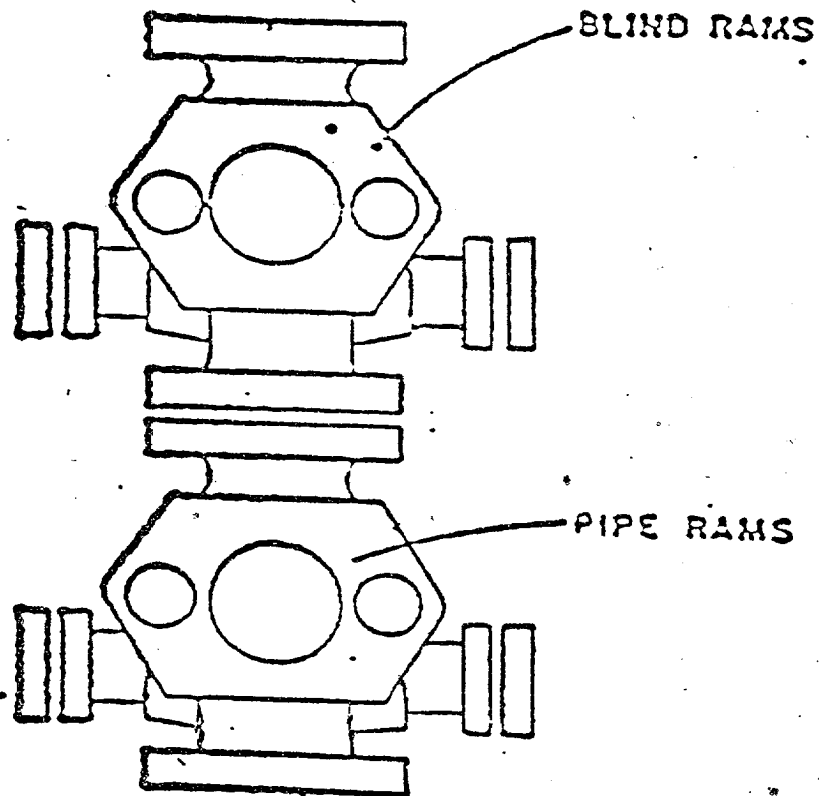
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 24 1979

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side



**ATLANTIC RICHFIELD COMPANY**  
**Blow Out Preventer Program**

**Lease Name** Mescalero Ridge Unit 35

**Well No.** 5

**Location** 1980' FNL & 1980' FWL  
Sec 35-19S-34E, Lea County

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.