

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions (reverse side))Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 9019

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Atlantic Richfield Company | | 8. FARM OR LEASE NAME Young Federal | |
| 3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240 | | 9. WELL NO. 1 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL (Unit letter G) | | 10. FIELD AND POOL, OR WILDCAT Young Strawn | |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-18S-32E | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3743.2' GR | | 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 type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

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) Return to Strawn zone prod | <input checked="" type="checkbox"/> |

(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.)*

On 8/2/76 returned well to Strawn zone production after unsuccessful recompletion to Young Wolfcamp production in the following manner: RIH w/bit on tbq & DO Wolfcamp squeeze job. Pressure tested csg to 1500# for 30 mins OK. Lowered bit & drld cmt 11,420-440', drld & pushed CIBP to 11,617'. POH w/bit & tbq. RIH w/Strawn completion assy, set pkr @ 11,448'. Swbd Strawn perfs 11,540-11,560', rec 55 BLW in 4½ hrs. Swbd Strawn perfs 8½ hrs, rec 16 BO & 47 BLW. Swbd & flwd to cleanup. On test 8/18/76 flwd 25 BO, 3 BW, gas not measured, 30/64" ck, FTP 40#. Returned to production from Strawn perfs 11,540-11,560' after unsuccessfully attempting to recomplete to Wolfcamp. Final Report.

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

SIGNED

TITLE Dist. Drlg. Supv.

DATE 8/20/76

(This space for Federal or State office use)

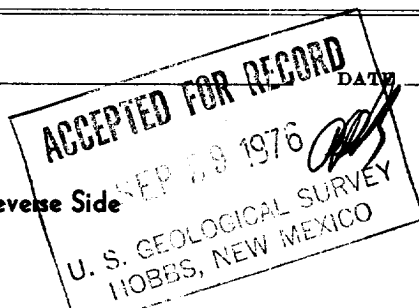
APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



DECLASSIFIED
10/1/87
CL. OFFICE/ATC/COMM.
1-10-87