

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions
verse 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"/>		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 Wolfcamp	
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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Return well to Strawn zone <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.) *

The Wolfcamp recompletion was unsuccessful. Propose to return well to the Strawn zone production as was previous to recompletion attempt in the following manner:

1. Drill out Wolfcamp cmt squeeze job & pressure test squeeze job. Drill BP @ 11,440', lower bit to PBD 11,647'.
2. POH w/bit. RIH w/2-3/8" OD EUE tbg & pkr, set pkr @ 11,448'. Swab Strawn perms 11,540-11,560'. Return to production.

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

SIGNED 

TITLE Dist. Drlg. Supv.

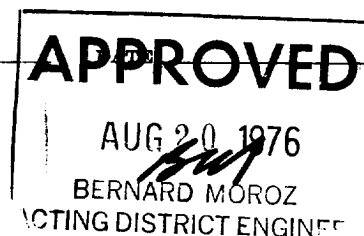
DATE 8/18/76

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side



RECEIVED

AUG 5 1976

OIL CONSERVATION COMM.
HOBBS, N. M.