Form 9-331 (May 1963)		UNITED STATES			
DEF		TMEN OF THE INTE	ERIOR (Other instructions re-	5. LEASE DESIGNATION AND SERIAL NO.	
		GEOLOGICAL SURVEY	NM 9019		
CLIN	IDDY NO	OTICES AND REPORT	C ON WELLC	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
(Do not use thi					
1.				7. UNIT AGREEMENT NAME	
WELL X GAS WELL	OTHER	:			
2. NAME OF OPERATOR				8. FARM OR LEASE NAME	
Atlantic Rich	Young Federal				
3. ADDRESS OF OPERATO	9. WELL NO.				
P. O. Box 173	1				
4. LOCATION OF WELL (See also space 17 be	10. FIELD AND POOL, OR WILDCAT				
At surface	10 4.7			Wildcat Strawn	
				11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA	
1980' FNL & 1	SULVET OR ARMA				
				20-18S-32E	
14. PERMIT NO.		15. ELEVATIONS (Show whether	er DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
· .	3743.		2 ' GR	Lea N.M.	
16.	Chack	Appropriate Roy To Indicat	e Nature of Notice, Report, or C) the D-to	
			•	■ 0	
•	NOTICE OF IN	FENTION TO:	Uparaur	ENT REPORT OF:	
TEST WATER SHUT-)FF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	
SHOOT OR ACIDIZE	X	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*	
REPAIR WELL		CHANGE PLANS	(Other)		
(Other)		of multiple completion on Well etion Report and Log form.)			
17. DESCRIBE PROPOSED C proposed work. I nent to this work.)	r wen in mite	OPERATIONS (Clearly state all perticular ctionally drilled, give subsurface	inent details and give portinent detec	including estimated date of starting any l depths for all markers and zones perti-	
Promse to re	nerforst	a Strawn same inter	val 11,540-60' and acidi	go in the fellowin-	
manner:	periorat	e berawn same inter-	vai 11,540-00 and actul	.ze in the following	
·	11 well	install BOP & POH v	v/completion accu		
		SPF from 11,540-60'			
3. Run pkr &					

- 4. Acidize perfs 11,540-60' w/50 bbls brine water cont'g surfactant & friction reducer & 12,000 gals 20% HCL retarded acid cont'g 2 gal surfactant/1000 gal & friction reducer. Flush w/brine water cont'g surfactant & friction reducer.
- 5. Run temp survey to determine zone of entry.
- 6. Swab back acid load & return to production.

18. I hereby certify that the toregoing is true and correct			
SIGNED TOUS	TITLE .	Dist. Drlg. Supv.	DATE 8/19/75
(This space for Federal or State office use) APPROVED BY	TITLE .	ADDRO	DATE
CONDITIONS OF APPROVAL, IF ANY:		May 26 18	CAI)
*Se	e Instruc	tions on Reverse Side Side R	SOME