

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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. LC-060944	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. 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 2310' FNL & 330' FEL (Unit letter H)		8. FARM OR LEASE NAME Langlie A Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3111' DF		10. FIELD AND POOL, OR WILDCAT Justis Blinebry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-25S-37E	
		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) Perf Add'l Blinebry & treat <input checked="" 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) <input 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.)

TD 6040', PBD 5646'. Present producing perms are 5259-5566'.

1. Rig up, kill well, install BOP & POH w/compl assy.
2. Perf Blinebry @ 5098, 5111, 5114, 5119, 5124, 5131, 5137, 5148, 5153, 5160, 5168, 5174, 5190, 5196, 5203, 5208 & 5223'.
3. RIH w/RBP, set BP @ 5600', pkr @ 5235'. Acidize Bly perms 5259-5566' w/4000 gals 50/50 mixture xylene & 15% HCL-LSTNE acid.
4. Reset RBP @ 5250' & pkr @ 4900'.
5. Acidize new Blinebry perms 5098-5223' w/2000 gals 15% HCL-LSTNE acid.
6. Frac Blinebry perms w/70,000# sd & 40,000 gals cross-linked 2% KCL gel.
7. POH w/pkr & RBP.
8. Run completion assy. Return to production in Blinebry.

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

SIGNED

TITLE Dist. Drlg. Supt.

DATE 1/27/78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

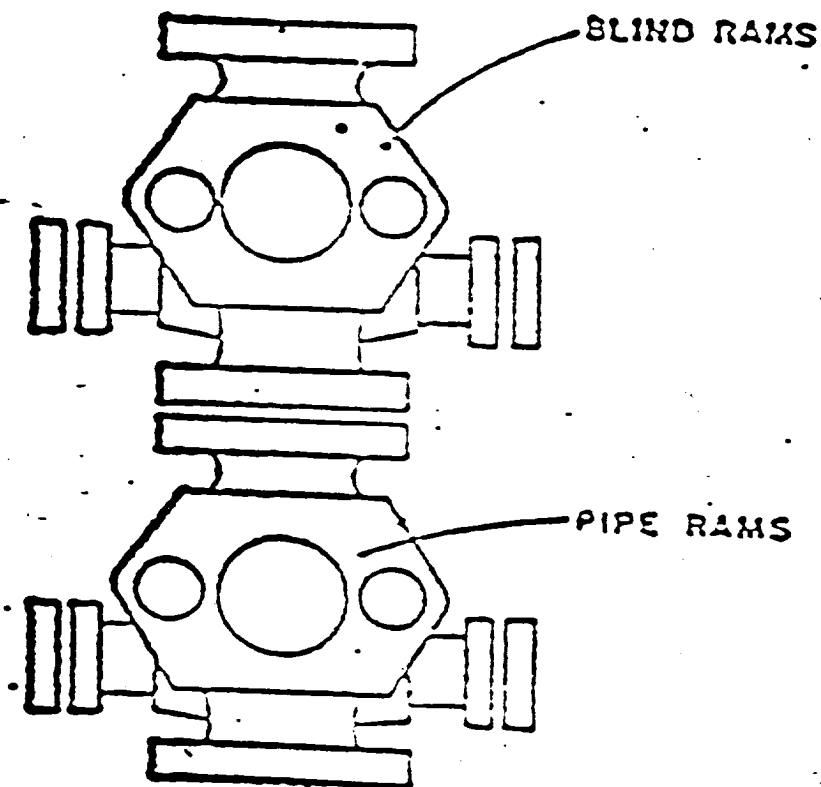
APPROVED

JAN 30 1978

A.O.L.

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side



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

**Lease Name** Langlie "A" Federal

**Well No.** 1

**Location** 2310' FNL & 330' FEL  
Sec 14-25S-37E, 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.