

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP  
(Other instruction  
reverse side)DATE  
a reForm approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 034117 (b)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Atlantic Richfield Company	8. FARM OR LEASE NAME ARC 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' FSL & 1980' FWL (Unit letter K)	10. FIELD AND POOL, OR WILDCAT Jalmat Yates Gas
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28-25S-37E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3023' DF
	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) Squeeze cmt to shut off wtr <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.)\*

This wells present production is 550 MCFGPD & 200 BWPD. Temperature survey indicates fluid entering from 2360-2433'. Propose to squeeze cmt to eliminate water, perforate add'l zone & acidize in the following manner:

1. Kill well & install BOP.
2. POH w/completion assy. Run csg scraper.
3. Run cmt retr & set @ 2400'.
4. Squeeze cmt perfs 2407-2429' w/100 sx Cl C & 25 sx Cl C w/10# sd/sk.
5. Treat perfs 2302-2391' w/1500 gals 15% HCL-LSTNE acid.
6. Perforate 1 JS ea @ 2381, 84, 90, 93, 95'.
7. Acidize perfs 2381-2395' w/500 gals Mod-202 acid. Test & return to production.

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

SIGNED [Signature] TITLE Dist. Drlg. Supv. DATE 4/15/75

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED  
APR 16 1975  
JIM SIMS  
ACTING DISTRICT ENGINEER