

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instructions
verse side)TE-
(re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 034117-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ruby S. Crosby "A"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmat-Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 29, T25S, R37E

12. COUNTY OR PARISH

Lea

N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 1980' FEL (Unit letter O)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3003' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Production from this well has declined to about 160 MCFGPD. We propose to increase production by setting a CIBP at 2750' to blank off perfs 2810-20 & 2970-3016'. Then treat remaining perfs 2595-2610' w/1000 gal of 15% HCl acid & ball sealers.

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

SIGNED

P. D. Sletcher

TITLE Dist. Drlg. Supv.

DATE 1/15/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side