

NMOCC COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-029395 (b)	
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  660' FSL & 1980' FEL (Unit letter O)		8. FARM OR LEASE NAME Turner "B"	
14. PERMIT NO.		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3368' DF		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson OGSA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		12. COUNTY OR PARISH Eddy	
		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) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" 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.) \*

RU 12/13/78, POH w/tbg, inst BOP. Ran bit & csg scraper to 2870' OK. RIH w/RBP & pkr, set BP @ 2816' & pkr @ 2809'. Tstd tbg & RBP to 3000# OK. Set pkr @ 2515', found hole in csg 2515-2530'. Spotted 4 sx sd on BP @ 2816'. POH w/tbg & pkr. RIH w/2-7/8" tbg, found top of sd @ 2800'. POH w/tbg. RIH w/cmt retr on 2-7/8" tbg, set retr @ 2400'. Pmpd 150 sx C1 C cont'g 6% gel followed by 100 sx C1 C cont'g 2% CaCl. Flushed w/13 BW. Max & final squeeze press 2100#. Rev 5 sx cmt to pit. WOC 24 hrs. WIH w/bit, tagged cmt @ 2395'. Drld cmt out & cmt retr 2395-2560'. Circ hole clean, no water flow. Press tested to 1000# 30 mins OK. Retrieved BP @ 2816'. RIH w/compl assy, returned to production. On 24 hr test 12/25/78 pmpd 21 BO, 18 BW, gas not measured. Final Report.

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 12/29/78

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE JAN 3 1979  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side