16.

TED STATES OSUBILITIES TO CSUBILITIES TO COLOR TO THE INTERIOR Verse side

CATE on re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

		O11				
GEOLOGICAL SURVEY				LC 029395 (b)		
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.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
OIL CAS WELL OTHER 2. NAME OF OPERATOR		REC	EIVED	8. FARM OR LEASE NAME		
Atlantic Richfield C	ompany 🗠			Turner "B"		
3. ADDRESS OF OPERATOR		DEC	6 1974	9. WELL NO.		
P. O. Box 1710, Hobb	s, New Mexico 88240			35		
4. LOCATION OF WELL (Report location clesses also space 17 below.) At surface 330' FSL & 2310' FWL	·	Ö.	Ö. C. A. OFFICE	10. FIELD AND FOOL, OR WILDCAT Fren Seven Rivers 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-T17S-R31E		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT. GR. etc.)		12. COUNTY OR PARISH! 13. STATE		

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

3669'DF

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:							
			1					**		
TEST WATER SHUT-OFF	ļ	PULL OR ALTER CASING		W∆	TER SHUT-OFF				REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FR	ACTURE TREATME	NT			ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SH	OOTING OR ACIDI	ZING			ABANDONMENT*	L
REPAIR WELL		CHANGE PLANS		(0	ther) Shut					x
(Other)					(Note: Report Completion of	rt resi r Reco	ılts o mplet	f multiple ion Report	completion on We and Log form.)	11

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.)*

The above well was shut in during the month of February, 1963. The well was shut in because it was uneconomical to produce. This well is a secondary recovery prospect after deeper waterflood is complated in 8 to 10 years.

	Ā	
18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Dist. Prod. & Drlg. Sup	ot. DATE October 31, 197
(This space for Federal or State office use) APPROVAD IN THE OPPROVAL, IF ANY: UNLESS FURTHER BE PUT TO BENEFI BEEKNIMIN APRIL OCTOPE SEA	APPROVED. WELL MUST APPROVED. WELL MUST APPROVED. BY ICAL USE OR PLUGGED BY IT 197-2-1975 The Instructions on Reverse Side	DATE