

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395(a)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well in a Federal reservation. Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Water Injection Well <input checked="" type="checkbox"/> O. C. C.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Atlantic Richfield Company	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 1978, Roswell, New Mexico 86201	8. FARM OR LEASE NAME Turner "A"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2200' FSL, 440' FWL (Unit Letter L)	9. WELL NO. 2
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3761' Grd	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T17S, R31E
	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Run 4 1/2" Innerstring</u>	

(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.)

Work started 11/26/69. Ran 114 jts of 4 1/2" 9.5# Midco-50 ST&C Class I casing w/guide shoe, float collar & 4 centralizers = 3521', set @ 3521' GL. Cemented w/150 sx salt saturated Class "C" cmt containing 5#/sk gilsonite. Plug down @ 3:15 PM 11/29/69. After 41 hrs WOC tested 4 1/2" casing to 1200# for 30 min. Held OK. Drld 3483-3503' SLM, retested 4 1/2" casing to 1000#, held OK. Perf'd 3373-75' w/2 JSPF. Could not circulate 4 1/2" x 7" annulus w/3000# thru squeeze holes 3373-3375'. Perf'd 3184-86' w/2 JSPF. Circulated 4 1/2" x 7" annulus w/1.5 BPM @ 3500#. Squeezed w/50 sx Class C cmt, obtained 3800# walking squeeze. Job complete @ 2:10 PM 12/3/69. WOC 20 hrs. Drld hard cmt 3035-3186'. Tested squeeze perms 3184-86' to 1500# for 20 min. Held OK. Perf'd w/one 0.42" JS @ 3378, 3389, 3392, 3394, 3398, 3402, 3410, 3412, 3414, 3416, 3418, 3425, 3432, 3441, 3442, 3448, 3458, 3464, 3471, 3474, 3483, 3485, 3490 & 3498' (24 holes). Treated perms w/total of 3500 gallons 15% LSTNE acid and ball sealers. Ran 2-3/8" EUE 8R J-55 tbg injection string w/Johnson 101-S packer, set @ 3293' GL. Loaded annulus w/treated fresh water & returned to water injection. Work complete 12/6/69.

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

SIGNED C. L. Ditcher TITLE Dist. Drlg. Supervisor DATE 12-10-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

DEC 12 1969

Date

ACTING

District Engineer

See Instructions on Reverse Side