N. M. O. C. C. COPY Carry USF Form 9-331 (May 1963) UN. ED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC 029395 (a) SUNDRY NOTICES AND REPORTS ON WELLS 6. IF INDIAN, ALLOTTEE OR TRIBE NAME (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.) 7. UNIT AGREEMENT NAME WELL GAS WELL Water Injection Well 2. NAME OF OPERATOR 8. FARM OR LEASE NAME RECEIVED Atlantic Richfield Company
3. ADDRESS OF OPERATOR Turner "A" 9. WELL NO. P. O. Box 1710, Hobbs, New Mexico 88240 MAY 3

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.

At surface 10. FIELD AND POOL, OR WILDCAT O. C. C. Grayburg Jackson 2200' FSL, 440' FWL (Unit LetterL) C., T., R., M., OR BLK. AND SURVEY OR AREA ARTESIA, OFFICE 18-17S-31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OF PARISH 13. STATE 3761' GR Eddy New Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE SHOOTING OR ACIDIZING X ABANDONMENT\* REPAIR WELL CHANGE PLANS (Other) (Other) (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.)\* On 04/25/74 treated perfs. 3378-3498' dwn 2-3/8" tbg. w/3500 gals. 70-30 Dowell Dispersion Acid & 300# J227 plugging material & 600# rock salt in 7 stages. MTP 2975#, min. 2350# ATP 2500#, ISIP 1600#, 10 min. SIP 1000#. Over all rate 2.5 BPM. Total load 84 bbls. acid wtr, 13 water for flush. In 24 hrs injected 350 BW @1,000#. Returned to injection on 04/27/74. MAY 2 1974
MAY SECTION OF THE MEXICON

SECTION OF THE MEXICON

REFERENCE OF THE MEXICON

REFEREN 18. I hereby certify that the foregoing is true and correct SIGNED TITLE Dist Drlg Supervisor 5/1/74 DATE .

SIGNED

TITLE Dist. Drlg. Supervisor

(This space for Federal or State loffice use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

DATE

\*See Instructions on Reverse Side