

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1
(Other Instruc. s on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "A"

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

Sec. 19, T17S, R31E

1.

OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1978, Roswell, New Mexico 88201

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

1650' FNL & 660' FWL (Unit Letter E)

14. PERMIT NO.

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

3678' Grd.

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Clean Out to Orig. T.D.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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.)*

To prepare this well for waterflood response, we propose to clean out Calseal and pea gravel plug from 3057' to 3467'. Use open hole packer and acidize from 3405' to 3467' w/3000 gallons of 15% HCl acid and return well to producing status.

RECEIVED

RECEIVED
DEC 11 1969

DEC 11 1969

D. E. D.
ARTESIA, OFFICE

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

SIGNED

C. D. Bretches

TITLE

Dist. Drlg. Supervisor

DATE

12-9-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
DEC 12 1969
R. L. BECKMA

*See Instructions on Reverse Side