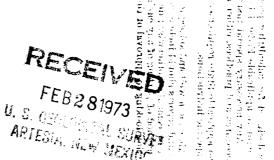
Cary to SF N. M. O. C. C. COPY Form 9-331 (May 1963) **IITED STATES** DEPARTMENT OF THE INTERIOR (Other instructions on re-Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC -029395 (a) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON 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.) 7. UNIT AGREEMENT NAME RECEIVED WELL K OTHER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME Atlantic Richfield Company MAR 1 Turner "A" 3. ADDRESS OF OPERATOR 9. WELL NO. P. O. Box 1978, Roswell, New Mexico 88201 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 16 10. FIELD AND POOL, OR WILDCAT Fren-7 Rivers 1980' FNL, 660' FEL (Unit letter H) 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 19, T17S, R31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, BT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 3613' DF Eddy N.M. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL PRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* REPAIR WELL CHANGE PLANS (Other) (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Temporarily Abandon 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.)*

Production from this well has declined to less than 2 BOPD. We propose to T.A. well by pulling tubing and capping $w/2000\#\ WOG$ valve and hold well for waterflood study.



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18. I hereby certify that the foregoing is true and corre	ct	Drlg. Super	rvisor	2/27/73
(This space for Taleral or State office use)			DATE	
DO CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	
ACTING DISTRICT ENGINEER	See Instructions on	Reverse Side		
ACTING DISTRICT ENGLA	occ mandenons on	nevelle olde		