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(May	1963)

DEPARTML T OF THE INTERIOR Verse side) GEOLOGICAL SURVEY

TIN IR CATE

dorm approved. Budget Bureau No. 42-R142-

5. LEASE DESIGNATION AND SERIAL N

	I	LC	02	9395	(a)			
6.	IF	IND	IAN,	ALLOTT	EE O	R	TRIBE	NAME	-

SUNDRY NOTICES AND REPORTS ON '	WELLS
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(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.)

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OIL X GAS WELL OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Atlantic Richfield Company REGELVE	Turner "A"
3. ADDRESS OF OPERATOR	WELL NO.
P. O. Box 1710, Hobbs, New Mexico 88240	20
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. 7 7 1977 At surface	10. FIELD AND POOL, OR WILDCAT Fren 7Rivers
2310' FNL & 990' FEL (Unit letter H)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH | 13. STATE | 13. STATE | 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 16. ELEVATIONS (Show whether DF, RT, GR, etc.) | 17. COUNTY OR PARISH | 13. STATE | 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 16. ELEVATIONS (Show whether DF, RT, GR, etc.) | 17. COUNTY OR PARISH | 13. STATE | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 16. COUNTY OR PARISH | 16. COUNTY OR PARISH | 17. COUN

16.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:				
				1		\neg		
TEST WATER SHUT-OFF	<u> </u>	PULL OR ALTER CASING			WATER SHUT-OFF	REPA	IRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE	<u> </u>		FRACTURE TREATMENT	ALTE	RING CABING	
SHOOT OR ACIDIZE	_	ABANDON*			SHOOTING OR ACIDIZING	ABAN	DONMENT*	
REPAIR WELL		CHANGE PLANS			(Other) Plug 8	& Abandon		X
(Other)					(Note: Report result Completion or Recom	ts of multiple comp pletion Report and	pletion on We. 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.)*

- 1. Rigged up on 2/25/76. POH w/rods & pump. Installed BOP. POH w/tbg & MA. RIH w/2-3/8" OD EUE tbg OE & spotted 10 bbls heavy gelled mud in OH 1866-1935'.
- 2. Spotted 35 sx Cl H cmt & covered bottom 180' of $5\frac{1}{2}$ " OD casing 1686-1866' (180' cmt plug).
- 3. Stretched $5\frac{1}{7}$ " csg, free point indicated @ 1029'. Cut $5\frac{1}{7}$ " csg @ 950' & 800', csg stuck. Ran jet cutter & cut $5\frac{1}{7}$ " csg @ 705' & recovered.
- 4. RIH w/2-3/8" tbg OE & spotted 45 sx Cl H cmt across 1st, 2nd & 3rd cuts 950-705'. Tagged plug @ 820'.
- 5. RIH w/7" cmt retr, set @ 200'. Cmt squeezed thru retr w/80 sx Cl H cmt, FP 600#. PO retr & spotted 35 sx Cl H cmt on top of retr. Spotted heavy gelled mud between all cmt plugs.
- 6. Spotted 10 sx Cl H cmt @ surface. Installed regulation dry hole marker. Cleaned & levelled location. P&A eff 3/2/76. Final Report.

MAR MAR MARKET M

18. I hereby certify that the foregoing is true and correct		
SIGNED TO TO	TITLE Dist. Drlg. Supv.	DATE 3/5/76
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL IF ANY:	TITLE	DATE

July Bulling