

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPL
(Other instructions
verse side)

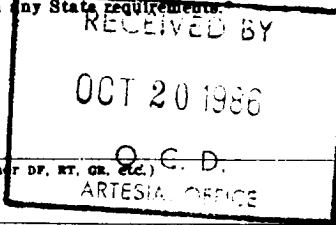
Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. of Atlantic Richfield Company	8. FARM OR LEASE NAME Turner "A"
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240	9. WELL NO. 22
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 1650' FWL (Unit letter F)	10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-17S-31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3646' GR	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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Continue in TA Status		<input checked="" type="checkbox"/>

(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.)

This well is being held for future use in the proposed Fren Seven Rivers Waterflood Project; therefore, we request approval to keep well in TA status.

APPROVED FOR 12 MONTH PERIOD
ENDING 10-16-87

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

SIGNED J. W. [Signature] TITLE Area Prod. Supt. DATE 10/10/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-16-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side