N. M. C. C. C. COFY Copy to SF Form 9-331 (May 1963) NITED STATES PLICATE. Form approved. Budget Bureau No. 42-R1424. SUBMIT IN DEPARTMENT OF THE INTERIOR (Other Instructions on re-5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (a) GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TEIBE 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.) <u>1.</u> 7. UNIT AGREEMENT NAME WELL X OTHER RECEIVED NAME OF OPERATOR S. PARM OR LEASE NAME Turner "A" Atlantic Richfield Company 1973 9. WELL NO. P. O. Box 1978, Roswell, New Mexico 88201

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

At surface -24 10. FIELD AND POOL, OR WILDCAT Fren-7 Rivers 11. SEC., T., R., M., GR BLK. AND SURVEY OR AREA 990' FNL & 1650' FWL (Unit letter C) Sec. 19, T175,R31E 14. PERMIT NO. 15. BLEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE Eddy N.M. 3673' DF 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSCOUENT REPORT OF : TEST WATER SHUT-OFF PULL OR ALTER CASING REPAIRING WELL WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ALTERING CASING FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING CHANGE PLANS (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.)* ű Production from this well has declined to less than 2 BOPD. We propose to T.A. by pulling tubing and capping well w/2000# WOG valve and hold well for waterflood study. RECEIVED STATES U. S. GEOLOGICAL SURVE ARTESIA, HAY MEXICOE 18. I hereby certify that the foregoing is true and correct

SIGNED C. Deteks TITLE Dist. Drlg. Supervisor DATE 2/27/73

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side