

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN 1  
(Other Instructions on re-  
verse side)

Copy to 15  
Form approved.  
Budget Bureau No. 42-R1424.

**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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Atlantic Richfield Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface</p> <p>990' FNL &amp; 2310' FEL (Unit Letter B)</p> <p>14. PERMIT NO.</p>		<p style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">DEC 6 1974</p> <p style="text-align: center;">O.C.C. ARTESIA OFFICE</p> <p>5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (a)</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Turner "A"</p> <p>9. WELL NO. 25</p> <p>10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-T17S-R31E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE N.M.</p>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GR		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut-in</u> <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.) \*

The above well was shut-in during the month of March, 1963. The well was shut-in because it was uneconomical to produce. This well is a secondary recovery prospect after deeper waterflood is completed in 8 to 10 years.

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

SIGNED \_\_\_\_\_ TITLE Dist. Prod. & Drlg. Supt. DATE October 31, 1974

(This space for Federal or State office use)

APPROVED  
DEC 5 - 1974  
H. L. BEEKMAN  
ACTING DISTRICT ENGINEER

TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL OCTOBER 1 - 1975  
\*See Instructions on Reverse Side