

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY N. M. O. C. **COPY**

DUGGETT BUREAU NO. 76-11727
 5. LEASE DESIGNATION AND SERIAL NO.

L C 029395 (b)

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.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Shut - in</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Atlantic Richfield Company</u>		8. FARM OR LEASE NAME <u>Turner "B"</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 1978, Roswell, New Mexico 88201</u>		9. WELL NO. <u>17</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1980 feet from the South line and 1980 feet from the West line.</u>		10. FIELD AND POOL, OR WILDCAT <u>Fren Seven Rivers</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>20-17S-31E</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3662.24' DF</u>		12. COUNTY OR PARISH <u>Eddy</u>	
		13. STATE <u>New Mexico</u>	

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 TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PUMP <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	Temp. ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <u>Shut-in</u> <input type="checkbox"/>	<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.)*

2-1-70

Shut well in. Holding for future development.

RECEIVED
 MAY - 3 1971
 U. S. GEOLOGICAL SURVEY
 ARTESIA, NEW MEXICO

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

SIGNED R. L. Beekman

TITLE Sr. Acctg. Clerk

DATE 4-30-71

(This space for Federal or State office use)

APPROVED BY _____
 CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

Orig. & 4cc. USGS -Artesia

*See Instructions on Reverse Side

APPROVED
 MAY - 3 1971
R. L. Beekman
 R. L. BEEKMAN
 ACTING DISTRICT ENGINEER