

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN THE  
(Other instruc-  
verse side)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.)

|  |  |  |  |
|--|--|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                       |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC 029395 (b)           |  |
| 2. NAME OF OPERATOR<br>Atlantic Richfield Company  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                           |  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 1710 - Hobbs, New Mexico 88240  |  | 7. UNIT AGREEMENT NAME   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface |  | 8. FARM OR LEASE NAME<br>Turner "B" SP                         |  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>19  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3726' DF   |  | 10. FIELD AND POOL, OR WILDCAT<br>Fren Seven Rivers            |  |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>20-17S-31E |  |
|  |  | 12. COUNTY OR PARISH<br>Eddy                                   |  |
|  |  | 13. STATE<br>N.M.  |  |

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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) Shut-in <input type="checkbox"/>  |  |
| (Other) <input 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 August, 1971. The well was shut-in because it was uneconomical to produce. This well is under study for waterflood. Will hold for NMOCC hearing during the 4th qtr of 1975.

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

SIGNED

*D. L. Beekman*

TITLE Dist Prod &amp; Drlg Supt

DATE

9-29-75

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

OCT 15 1975

K. L. BEEKMAN  
ACTING DISTRICT ENGINEER

TITLE

DATE

UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL 1, 1976  
See Instructions on Reverse Side