IN M. U. C. G. COPY Form approved. Budget Bureau No. 42-R1424. TED STATES SUBMIT IN TI ICATE* Form 9–331 (May 1963) DEPARTMENT OF THE INTERIOR (Other Instructional Other Instructiona 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC 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.) 7. UNIT AGREEMENT NAME RECEIVED WELL X GAS WELL OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Turner "B" Atlantic Richfield Company OCT 2 0 1975 9. WELL NO. 3. ADDRESS OF OPERATOR P.O. Box 1710 - Hobbs, New Mexico 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirement).

ARTESIA. DEFI 10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 2310' FNL & 330' FEL (Unit Letter H) 20-17S-31E 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 14. PERMIT NO. 13. STATE Eddy 3717' DF $N_{\bullet}M$ 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: REPAIRING WELL TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREATMENT ALTERING CASING MULTIPLE COMPLETE FRACTURE TREAT ABANDON* SHOOTING OR ACIDIZING ABANDON MENT* SHOOT OR ACIDIZE Shut-in CHANGE PLANS REPAIR WELL (Other) . (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 October, 1967. The well was shut-in because it was uneconomical to produce. This well is under study for waterflood. hold for NMOCC hearing during the 4th qtr of 1975. 18. I hereby certify that the foregoing is true and correct Dist Prod & Drlg Supt 9 - 29 - 75TITLE _ DATE SIGNED . o Federal or State office use) IF ANY UNLESS FURTHER TITLEPEROVED, WELL STATEMENT BY

BE PUT TO BENEFICATUSE OR PLUGGE APRIL OCTOB OCT 1976

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

DATE