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NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

c15f

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUN 16 1993

MAY 14 11 15 AM '93

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposalsFORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 19935. Lease Designation and Serial No.
LC 029395-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

TURNER "B" #34

9. API Well No.

30-015-05306

10. Field and Pool, or Exploratory Area

FREN SEVEN RIVERS

11. County or Parish, State

EDDY, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

AVON ENERGY CORPORATION

3. Address and Telephone No.

P.O. BOX 37, LOCO HILLS, NEW MEXICO 88255 (505) 677-3223

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FNL, 330' FEL, SEC 20, T17S, R31E UNIT H

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐
- Notice of Intent
-
- ☒
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- ☐
- Abandonment
-
- ☐
- Recompletion
-
- ☐
- Plugging Back
-
- ☐
- Casing Repair
-
- ☐
- Altering Casing
-
- ☒
- Other TEMPORARY ABANDON
-
- ☐
- Change of Plans
-
- ☐
- New Construction
-
- ☐
- Non-Routine Fracturing
-
- ☐
- Water Shut-Off
-
- ☐
- Conversion to Injection
-
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

RIH w/bit and csg scraper. POH. RIH w/CIBP and set at 1945'.
Press test csg to 500#. Held ok.Temporary abandonment status is requested for this well. The well
is being held for secondary recovery. The casing integrity test
chart is attached.

APPROVED FOR 12 MONTH PERIOD

ENDING 6/14/94

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

Signed

Title

PRODUCTION MANAGER

Date MAY 12, 1993

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

