16.

TED STATES O. C. COPY DEPARTMENT OF THE INTERIOR verse side)

CATE*

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

T.C	029395	(b)
ЦС	023333	(0)

GEOLOGICAL SURVEY				LC 029395 (b)	
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.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	OIL X GAS OTHER	D F C	EIVED	7. UNIT AGREEMENT NA	
2.	NAME OF OPERATOR Atlantic Richf			8. FARM OR LEASE NAM Turner "B"	
3.	ADDRESS OF OPERATOR P. O. Box 1710	DEC Hobbs, New Mexico 88240	6 1974	9. WELL NO.	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface ARTESIA. DFFICE			10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers		
990' FNL & 2310' FWL (Unit letter C)				11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA 20-17S-31E	
14	PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	 	12. COUNTY OR PARISH	ŀ
		3656 'DF		Eddy	N.M.

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		water shut-off fracture treatment shooting or acidizing (Other) Shut in (Note: Report results of Completion or Recomplet	REPAIRING WELL ALTERING CASING ABANDONMENT* f multiple completion on Well lon Report and Log form.)	x

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, 1970. 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 cor	rect	
SIGNED	TITLE Dist. Prod. & Drlg. Supt.	DATE October 31, 1974
(This space for Pederat r State office use)		
- FIFE COBY	TITLE WELL MUST	DATE
Deviditions of APPROVAL, IF ANY:	DESIGNATIONS OF REVERSE Side	
DEC 3	TOPLE OUT I	
DEC BEEKMAN BE PUT OCT APRIL OCT APRIL OCT	*See Instructions on Reverse Side	
ACTING DISTA		•