145	- " L C C CC)PY ~ ~	Copy to)
Form 9-331 (May 1968) NI	ITED STATES	SURM **	CATE • Form approved. On re- Budget Bureau No. 42-R142
DEPARTMENT OF THE INTERIOR (Other Instruction on re			5. LEASE DESIGNATION AND SERIAL NO.
	OGICAL SURVEY		LC 029395 (b)
SUNDRY NOTICES (Mhot use the form for proposals to Ole "APPLICATION 1.	AND REPORTS OF	4 WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAM
Gie "APPLICATION	frill or to deepen or plug back FOR PERMIT—" for such prop	k to a different reservoir. osais.)	
		<u> </u>	7. UNIT AGREEMENT NAME
WELL WELL OTHER 2. NAME OF OPERATOR			
Atlantic Richfield Company			8. FARM OR LEASE NAME
8. ADDRESS OF OPERATOR			Turner "B" ()
P. O. Box 1978, Roswell, New Mexico 88201			45
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. FIELD AND POOL, OR WILDCAT
At surface			Grayburg Jackson
2080' FEL & 660' FSL (Unit letter O)			11. MDC., T., R., M., OR BLK. AND SURVEY OR AREA
			Sec. 20, T17S, R31
14. PERMIT NO. 15.	ELEVATIONS (Show whether DF, RT,	, OR, etc.)	12. COUNTY OR PARISH 18. STATE
	3699' DF		Eddy N.M.
16. Check Appropr	riate Box To Indicate Nati	ure of Notice, Report	or Other Data
NOTICE OF INTENTION T	o:		UBSEQUENT REPORT OF
TEST WATER SHUT-OFF PULL OF	R ALTER CASINO	WATER SHUT-OFF	
FRACTURE TREAT MULTIP	LE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDO	N*	SECOTING OR ACIDIZIN	
REPAIR WELL CHANGE		(Other)	results of multiple completion on Wolf
17. DESCRIBE PROPOSED OR COMPLETED OPERATION proposed work. If well is directionally denent to this work.)	s (Clearly state all pertinent de	Completion or R	results of multiple completion on Well ecompletion Report and Log form.)
This well is product 3158-66' and 3172-7 until waterflood refluid level and shu	77'. We propose esponse is noted	to temporar Ne will p to monitor r M. J. S. GE	ily abandon well check c
		ARTES	IA. NEW MEXICO
18. I hereby certify that the foregoing is true as	1	Dw1- 0	
SIGNED C. Willeken	TITLE Dist	. Drlg. Super	rvisor 5/22/72
(This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE
OT OF THE PARTY OF			Control of the contro
LA be	*Com Instructions on	D Cr. J	රටක්ක හ සිකීම්

*See Instructions on Reverse Side