

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN
(Other instru-
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (b)	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL, 660' FEL (Unit Letter P)		8. FARM OR LEASE NAME Turner "B"	
14. PERMIT NO.		9. WELL NO. 30	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3725' Grd		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T17S, R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Convert to WIW <input checked="" 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.) *

In accordance w/NMOCC Order No. R-3185 dated 2/1/67 this well was converted to water injection as follows:

MI & RU plg unit 1/13/70. Cleaned out well to T.D. of 3507'. Treated O.H. 3253-3507 w/2000 gallons of 15% HCl acid. Ran tension packer on 2-3/8" tubing and set @ 3211'. Loaded annulus w/treated fresh water and installed pressure gauge. Job complete 1/24/70 and well ready for water injection.

RECEIVED

FEB 2 1970

O. C. C.
ARTESIA, OFFICE

RECEIVED

JAN 29 1970

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED P. D. Butcher

TITLE Dist. Drlg. Supervisor DATE 1/28/70

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
DATE

ACCEPTED FOR RECORD PURPOSES
JAN 30 1970
Date
ACTING District Engineer

*See Instructions on Reverse Side