epy to SF N. M. O. C. C. COPY Form 9-331 (May 1963) SURMIT IN TH :CATE* Budget Bureau No. 42-R1424. DEPARTMENT OF THE INTERIOR (Other instruct. verse side) 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 GAS WELL WELL X OTLER RECEIVED 2. NAME OF OPERATOR 8. FARM OR LEASE NAME Turner "B" Atlantic Richfield Company 3. ADDRESS OF OPERATOR 9. WELL NO. 6 1974 P. O. Box 1710, Hobbs, New Mexico 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers ARTESIA, OFFICE 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 330' FSL & 330' FEL (Unit letterP) 17-T17S-R31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 3725 DF 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL MULTIPLE COMPLETE ERACTURE TREAT ALTERING CASING PRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDON MENT* Shut in REPAIR WELL CHANGE PLANS (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 February, 1973. 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. RECEIVE

18. I hereby certify that the foregoing is true and correct TITLE Dist. Prod. & Drlg. Supt. DATE October 31, 1974 State office use) UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICAL USE OR PLUGGED BY

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side