Form 9-331 (May 1963)

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

## N. M. U. C. C. COP 'TED STATES DEPARTMENT OF THE INTERIOR (Other instruction verse side)

SUBMIT IN T! ICATE\* on re-

ARTESIA. OFFICE

Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

GEOLOGICAL SURVEY							
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.)

Use "APPLICATION FOR PERMIT" for such p			
OIL X GAS OTHER	RECEIVED	7. UNIT AGREEMENT NAME	
NAME OF OPERATOR		8. FARM OR LEASE NAME	
Atlantic Richfield Company	6 1974	Turner "B"	
ADDRESS OF OPERATOR	DEC 0 10.	9. WELL NO.	
P. O. Box 1710, Hobbs, New Mexico 88240	40		
LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT		
At surface	ARTESIA, OFFICE	Fren Seven Rivers	

1650' FSL & 990' FWL (Unit letter L)

Fren Seven Rivers 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

17-17S-31E 12. COUNTY OR PARISH | 13. STATE

3692'DF

N.M.

16.

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

NOTICE OF INTENTION TO:			SUB	SEQUE	NT REPORT	OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		7	WATER SHUT-OFF			REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		1	FRACTURE TREATMENT			ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING			ABANDONMENT*	
REPAIR WELL		CHANGE PLANS			(Other) Shut-in				x
(Other)				]	(Note: Report res Completion or Reco	ults o mplet	f multiple tion Report	completion on Wel	.1
		mnn onnn i mining (Ollt	- 22						

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 October, 1967. This 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 correct			
SIGNED	TITLE Dist. Prod. & D	rlg. Supt. DATE October 31,	1974
(This space for Federal or State office use)			
APPROVED BY	TITLE WELL MUST	DATE	

E APPROVAL, IF ANY: ACTING DISTRICT ENGINEER

BE PUT TO BENEFICAL USE OR PLUGGED BY UNLESS FURTHER APPROVED. APRIL - OCTOBER \*See thistructions on Reverse Side