

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029396-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "A"

9. WELL NO.

30

10. FIELD AND POOL, OR WILDCAT

Pren-Seven Rivers

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA

Sec. 18, T17S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1978, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)

At surface

1880' FSL, 660' FEL (Unit letter I)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3688' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) Temporarily Abandon ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well Completion or Recore Completion 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.)\*

Production has declined to about 1/2 BOPD. No remedial possibilities exist. We propose to shut well in and hold for possible secondary recovery use.

RECEIVED

AUG 19 1971

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

SIGNED A. D. S. [Signature] OFFICETITLE Dist. Drlg. Supervisor DATE 8/16/71

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 18 1971

H. L. BECKMAN

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side