## ITED STATES SUBMIT IN THE JEATER | Form approved.

(May 1963)	DEPAR	TED STATES TMENT OF THE IN		(Other instruction)	on re-		oroved. Sureau No. 42-R1424. SION AND SERIAL NO.	
		GEOLOGICAL SURV	VEY			LC 0293	95 (a)	
							TTEE OR TRIBE NAME	
		OTICES AND REPC posals to drill or to deepen ICATION FOR PERMIT—" for			r.			
<u>i.</u>						-7. UNIT AGREEMEN	T NAME	
OIL GAS WELL	L OTHER	i .				•		
2. NAME OF OPERATOR				FEELVI	- 7	8. FARM OR LEASE	NAME	
Atlantic Richfield Company RECEIVED						Turner "	Δ''	
3. ADDRESS OF OPERA						9. WELL NO.	··	
P. O. Box 1710, Hobbs, New Mexico 88240 DEC 5 1974						33		
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	below.,			a. c. c.	ľ	Fren Sev	en Rivers	
1656! FC	r 6. 2058†	FWL (Unit letter	z)	ARTESIA, OFFIC	E	11. SEC., T., B., M., SURVEY OR	OR BLK. AND	
1000 FS.	L & 2036	LMT (Ourt Terret	K)	ARTEONA, D. T.	_	SULVEI OR .	ALLA	
					İ	18-T17S-	R31E	
14. PERMIT NO.		15. ELEVATIONS (Show w	whether DF, RT,	GR, etc.)		12. COUNTY OR PA	RISH 13. STATE	
		3	762'DF			Eddy	N.M.	
16.	Check	Appropriate Box To Ind	licate Natu	re of Notice, Repo	ort, or O	ther Data	•	
	NOTICE OF IN	TENTION TO:	1		SUBSEQUI	ENT REPORT OF:		
TEST WATER SHU	T-OFF	PULL OR ALTER CASING	7	WATER SHUT-OFF		PEDAIDI	NG WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATME	NT.		G CASING	
SHOOT OR ACIDIZE		ABANDON*	_	SHOOTING OR ACIDI		ABANDO	11	
REPAIR WELL		CHANGE PLANS	-	(Other) Shut-		ADA: DO	x	
(Other)	لـــا	-		(Note: Repo	rt results o	of multiple complete tion Report and Lo	ion on Well	
17. DESCRIBE PROPOSES proposed work, nent to this wor	If well is dire	OPERATIONS (Clearly state all ectionally drilled, give subsur	l pertinent de face locations	tails, and give pertino	nt dates,	including estimated	date of starting any	
The abo	wo woll w	as shut-in during	r the me	nth of Dohman		79	1.7	
		it was uneconomic						
		t after deeper wa	_				•	
1000001	J prospec	t arter accper wa	10011100	d 13 Complete		to lo year.	·	
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				Section 1				
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18. I hereby certify that the foregoing is true and cor	rect	upt. DATE October 31,
(This space for Federal or State office use)  ATPHONOL HT  CONDITIONS OF APPROVAL, IF ANY:	HOROVED WELL MUST  ICAL USE OR PLUGGED BY  A OLT 1- 1975	DATE
DEC 5 1374  OCTOBER  TING DISTRICT ENGINEER	OCT 1 - 1975 *See Instructions on Reverse Side	