

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Copy to 515

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED DEC 6 1974		5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (a)	
2. NAME OF OPERATOR Atlantic Richfield Company ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		O. C. O.		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 1650' FSL & 738' FWL (Unit letter L)		STATE OFFICE		8. FARM OR LEASE NAME Turner "A"	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3761.63' DF		9. WELL NO. 34	
				10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-17S-31E	
				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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Shut-in <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.)*

The above well was shut in during the month of November, 1970. The well 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. & Drlg. Supt. DATE October 31, 1974

APPROVED BY
DEC 5 1974
G. L. BEEKING
ACTING DISTRICT ENGINEER

UNLESS FURTHER APPROVED, WELL MUST BE PUT TO BENEFICIAL USE OR PLUGGED BY APRIL - OCTOBER 1 - 1975
*See Instructions on Reverse Side