

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLI
(Other instructions
reverse side)

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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "A"

9. WELL NO.

25

10. FIELD AND POOL, OR WILDCAT

Fren Seven Rivers

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

19-17S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

ARCO Oil and Gas Company - Div. of Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

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

At surface

990' FNL & 2310' FEL (Unit letter B)

14. PERMIT NO.

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

3642' DF

RECEIVED BY

OCT 20 1986

O. C. D.

ARTESIA, OFFICE

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)

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*

Continue in TA Status

(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.)*

This well is being held for future use in the proposed Fren Seven Rivers Waterflood Project; therefore, we request approval to continue to hold well in TA Status.

APPROVED FOR 12 MONTH PERIOD

ENDING 10-16-87

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

SIGNED

TITLE

Area Prod. Supt.

DATE

10/10/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10-16-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side