

N. M. Q. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. NAME OF OPERATOR <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">DEC 6 1974</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">G. C. C.</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">ARTESIA, OFFICE</div> <p style="text-align: center;">Atlantic Richfield Company</p>	
3. ADDRESS OF OPERATOR <p style="text-align: center;">P. O. Box 1710, Hobbs, New Mexico 88240</p>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <p style="text-align: center;">660' FSL & 660 FWL (Unit letter M)</p>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <p style="text-align: center;">3627.62' DF</p>

5. LEASE DESIGNATION AND SERIAL NO. <p style="text-align: center;">LC 029395 (b)</p>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <p style="text-align: center;">Turner "B"</p>	
9. WELL NO. <p style="text-align: center;">13</p>	
10. FIELD AND POOL, OR WILDCAT <p style="text-align: center;">Fren Seven Rivers</p>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <p style="text-align: center;">20-17S-31E</p>	
12. COUNTY OR PARISH <p style="text-align: center;">Eddy</p>	13. STATE <p style="text-align: center;">N. M.</p>

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) <u>Shut in</u>	<input checked="" 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 May, 1971. The 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. & Drlg. Supt. DATE October 31, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL - OCTOBER 1975
*See Instructions on Reverse Side

APPROVED
DEC 5 - 1974
R. L. BECKWITH
ACTING DISTRICT ENGINEER