	-	170 171				Cop	y 6.SF	
Form 9-331 (May 1963)	'ITED STATES DEPARTMENT OF THE INTER			SUBMIT IN T LICAT		Form approved.' Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.		
				verse side)		LC 029		
GEOLOGICAL SURVEY						6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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 X GAS WELL	OTHER			RECEI	VED	7. UNIT AGREEMENT N.		
2. NAME OF OPERATOR				/ 3	1074	8. FARM OR LEASE NA	ME	
Atlantic Richfield Company				DEC 6	19/4	Turner "B"		
3. ADDRESS OF OPERATOR	17							
P. O. Box 1710, Hobbs, New Mexico 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.						10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface 1980' FSL & 1980' FWL (Unit letter K)					FFICE	Fren Seven 11. sec., t., e., m., or survey or are.	BLK. AND	
						20-17S-31E		
14. PERMIT NO.		15. ELEVATIONS (Sho	•	T, GR, etc.)	,	12. COUNTY OR PARISI	H 13. STATE	
		3662.	24'DF			Eddy	N.M.	
16.	Check Ap	propriate Box To	Indicate Na	ture of Notice, R	eport, or C	other Data		
NOTICE OF INTENTION TO: SUBSEQU						ENT REPORT OF:		
TEST WATER SHUT-OF	F P	ULL OR ALTER CASING		WATER SHUT-OF	F	REPAIRING	WELL	
FRACTURE TREAT	33	ULTIPLE COMPLETE		FRACTURE TREA	TMENT	ALTERING (ASING	
SHOOT OR ACIDIZE	A	BANDON*		SHOOTING OR A		ABANDONME][
REPAIR WELL	CHANGE PLANS (Other) Shut in					of multiple completion	on Well	
(Other)	(Other) (Note: Report result Completion or Recomp				etion Report and Log fo	orm.)		
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *	COMPLETED OPER well is direction	ATIONS (Clearly state nally drilled, give sul	all pertinent surface location	details, and give per ns and measured and	tinent dates, I true vertica	including estimated da il depths for all marke	te of starting any	
						· · · · · · · · · · · · · · · · · · ·		
shut in beca	ause it wa	s uneconomic	al to pro	th of Februar oduce. The w eted in 8 to	ell is	a secondary re		
					•, •		· · · · · ·	
					NED			
·					14.			



	RECE!	SIRVEY WENCO
18. I hereby certify that the foregoing is true and correct		
(This space for Teperal of State office use)	TITLE Dist. Prod. & Drlg	DATE
BE PO. T.	APPROVED. WELL MUST APPROVED. WELL MUST CAL USE OR PLUGGED BY OCT 1 - 1975 Lee Instructions on Reverse Side	