

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL & GAS INCREASE  
SUBMIT IN CRIMES  
(Other instructions  
reverse side)  
Artesia, NM 88210

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

45F

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ARCO Oil and Gas Company - Div. of Atlantic Richfield Company	8. FARM OR LEASE NAME Turner "B"
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240	9. WELL NO. 18
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL (Unit letter J)	10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-17S-31E
15. ELEVATIONS (Show whether on top of or below ground) 3685' DF	12. COUNTY OR PARISH Eddy
	13. STATE N.M.

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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Continue TA Status	<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.)

This well is being held for future use in the proposed Fren Seven Rivers Waterflood Project; therefore, we request approval to keep 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 J. W. Aug TITLE Area Prod. Supt. DATE 10/10/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10-16-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side