

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (b)

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"/>	6. INDIAN ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Atlantic Richfield Company	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201	8. FARM OR LEASE NAME Turner
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL, 660' FEL (Unit Letter I)	9. WELL NO. 19
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Green-Seven Rivers
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3726' DF	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-T17S-R31E
	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) <input type="checkbox"/>	
(Other) Temporarily Abandon <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.)*

Production has declined to about 1/2 BOPD. No remedial possibilities exist. We propose to shut well in and hold for possible secondary recovery use.

RECEIVED

AUG 19 1971

O. C. C.
ARTESIA, OFFICE

RECEIVED

AUG 17 1971

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

D. D. Letcher

TITLE

Dist. Drlg. Supervisor

DATE

8/16/71

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

AUG 18 1971

H. L. BECKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side