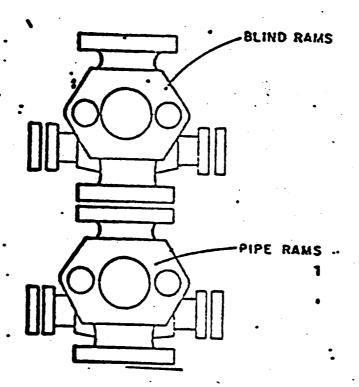
18. I hereby certify that the foregoing is true and correct SIGNED La Lay Law	TITLE _	Dist. Drlg. Supv.	DATE 11/24/75
(This space for Federal Di State office use) APPROVEH BY ONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE
A 37.61.37.6			

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER



ATLANTIC RICHFIELD COMPANY Blow Out Preventer Program

Lease Name	Turner "B"	
Well No.	27	
Location _	330' FSL & 330' FWL	
———	Sec 20-T17S-R31E, Eddy Co.	

BOP to be tested before installed on well and will be maintained in good working condition during workover. All wellhead fittings to be of sufficient pressure to operate in a safe manner.