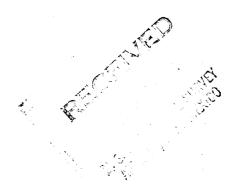
Form 9-331 (May 1963) Form approved. CATE* TED STATES IN Th Budget Bureau No. 42-R1424. DEPARTMENT OF THE INTERIOR (Other instructions on re-5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY LC 029395 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME OIL X OTHER RFCFIVED 8. FARM OR LEASE NAME NAME OF OPERATOR Turner "B" Atlantic Richfield Company 9. WELL NO. 6 1974 3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240 39 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers ARTESIA, OFFICE 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA 2310' FNL & 1650' FEL (Unit letter G) 20-17S-31E 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3691 DF Eddy N.M. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING SHOOT OR ACIDIZE ABANDON* Shut in. CHANGE PLANS (Other) _ REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 March, 1968. 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 c	TITLE Dist. Prod. & Drlg. Supt.	DATE October 31, 197
(This space for Federal or State office use) APPROVAL IF ANY: UNLESS FURTHER UN	TITLE WELL MUST APPROVED. PLUGGED BY OCT 1 - 1975 *See Instructions on Reverse Side	DATE
ACTING DISTRICT FNOINEER		: :