

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other instr. is on re-
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	6. IF 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 "B"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL, 1650' FWL (Unit Letter F)	9. WELL NO. 41
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
15. ELEVATIONS (Show whether DF, RT, GR, or S.) 3634' Ground	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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐

Squeeze Cement

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

X

(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.) *

MI & RU plg unit 1/14/70. Perforated 5½" casing from 2900-2902' w/2 JSPF. Mixed & pumped 40 sx Class C cement w/1% CaCl. Squeezed perfs 2900-2902 w/25 sx, reversed out 15 sx. Job complete @ 4:45 PM 1/15/70. WOC to 7 AM 1/17/70. Drld cmt 2818-2905. Tested squeeze perfs 2900-2902' w/2000# for 30 min. Held OK. Ran Johnston 101-S tension pkr on 2-3/8" tubing set @ 3069'. Resumed injecting water into Jackson zone down 2" tubing and into Premier zone down 2-3/8" x 5-1/2" casing annulus. Work complete 1/18/70.

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

SIGNED

D. L. Hatcher

TITLE

Dist. Drlg. Supervisor

DATE

1-21-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES

JAN 22 1970

Date

ACTING

District Engineer

*See Instructions on Reverse Side