

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SANTA FE, NM 88210

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-029395-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "B" (B)

9. WELL NO.

44

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson - Q-G-SA

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

20-17S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

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 ☐ GAS WELL ☐ OTHER ☒ WIW

2. NAME OF OPERATOR ARCO Oil and Gas Company  
Div. of Atlantic Richfield Company

3. ADDRESS OF OPERATOR  
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

660' FSL & 2055' FWL (Unit letter N)

RECEIVED BY

SEP -4 1986

ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3684.21' DF

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

ABANDONMENT\*

Shut In

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.)\*

This well was shut in effective 8/16/86 by closing the master valve. Well was shut in to evaluate the Russell Turner Waterflood. Permission was received from Mr. R. L. Stamets, NMOCD in Santa Fe in his letter of August 1, 1986 to temporarily shut in the well for one year pending engineering evaluation. Final Report.

APPROVED FOR 12 MONTH PERIOD  
ENDING 9/3/87

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

SIGNED

*[Signature]*

TITLE

Area Prod. Supt.

DATE

8/21/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

9-3-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side