

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other insti
verse side)PLICATE*
as on re-Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 029395(b)
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2080' FEL, 660' FSL (Unit Letter O)		8. FARM OR LEASE NAME Turner "B" (B)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3699' DF	9. WELL NO. 45
		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
		11. SEC., T., R., M., OR BLE. 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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

We propose to add perforations from 3172-3177, 3252-3260 and 3262-3268 w/l JSPF and treat w/2000 gallons 15% HCl acid and ball sealers.

RECEIVED

JAN 26 1970

O. C. C.
ARTESIA, OFFICE

RECEIVED

JAN 23 1970

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

SIGNED

P. L. Beekma

TITLE

Dist. Drlg. Supervisor

DATE

1-21-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

R. L. BEEKMA

*See Instructions on Reverse Side