

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE MANNER INDICATED*
(Other instructions on reverse side)Form approved. Copy To
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		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 1920, Hobbs, New Mexico 88240		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 760' fr East line and 660' fr South line.		8. FARM OR LEASE NAME Turner "B" (B)	
14. PERMIT NO.		9. WELL NO. 46	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3742' DF		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA 20-T17S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Converted to WIW</u>	

(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.)*

3-11-69 Ran 2-3/8" CD EUE tubing w/Tension packer set @ 2953'. Preparing to inject water into Premier perfs. 3208-3226' Russell-Turner Waterflood Area.

RECEIVED

MAR 17 1969

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEX.

RECEIVED

MAR 13 1969

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

SIGNED

TITLE

Superintendent

DATE

March 13, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

Orig²⁴cc: USGS, Artesia

cc: Southern Region (West Texas)

cc: file

*See Instructions on Reverse Side

APPROVED

MAR 17 1969

R. L. BECKMA