

**UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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"

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson QGSA

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

17-17S-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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

NOV 27 1978

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

**O. C. C.
ARTESIA, OFFICE**

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

660' FSL & 1980' FEL (Unit letter O)

14. PERMIT NO.

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

3368' DF

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.)*

Propose to locate hole in 7" OD csg and cement squeeze in the following manner:

1. Rig up. POH w/compl assy. Inst BOP.
2. RIH w/RBP & pkr, locate hole.
3. Set RBP @ 2800' if below leak & cap w/4 sx sd.
4. Set cmt retr 100' above leak, pressure 7" x 2-1/2" annulus.
5. Squeeze hole in csg w/Flo-check staged w/Cl C cmt. WOC.
6. Drill out cmt & retr, test 7" csg. Retrieve BP.
7. Run compl assy & return to production.

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

SIGNED J. Roy Knott

TITLE Dist. Drlg. Supt.

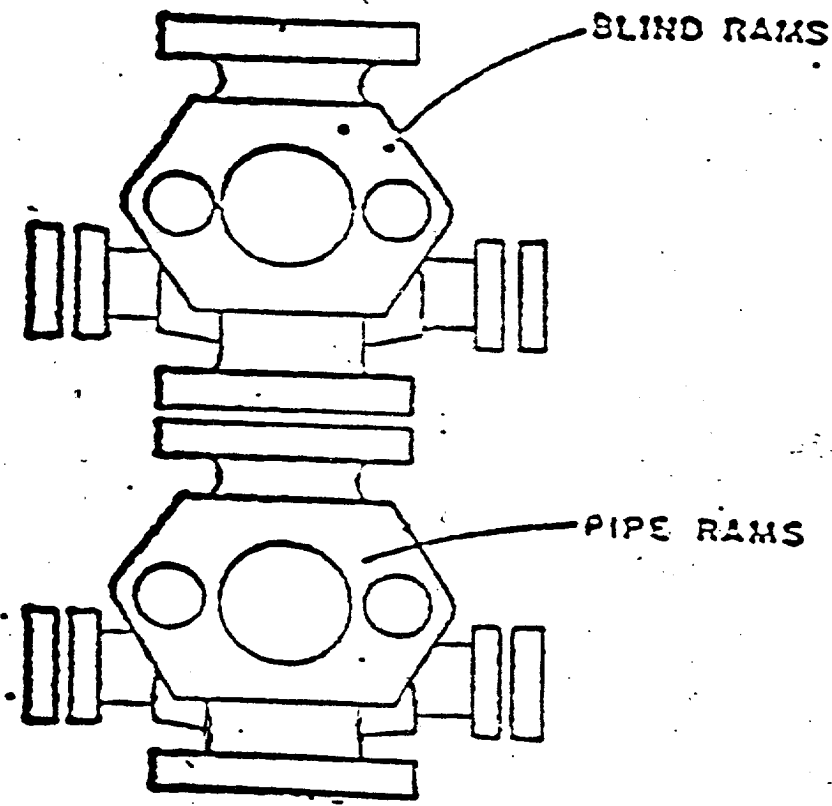
DATE 11/20/78

(This space for Federal or State office use)

APPROVED BY Joe D. Lara
CONDITIONS OF APPROVAL, IF ANY:

TITLE ACTING DISTRICT ENGINEER

DATE NOV 22 1978



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Turner "B"

Well No. 7

Location 660' FSL & 1980' FEL
17-17S-31E, Eddy County

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BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.