

N. M. O. C. C. CORP.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRICATE*
(Other instructions on reverse side)

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER LIVED</p> <p>2. NAME OF OPERATOR <u>Atlantic Richfield Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 1710, Hobbs, New Mexico 88240</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>750' FSL & 660' FEL (Unit letter P)</u> <u>705</u></p> <p>14. PERMIT NO.</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <u>LC 029395 (a)</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Turner "A"</u></p> <p>9. WELL NO. <u>29</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Fren Seven Rivers</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>18-T17S-R31E</u></p> <p>12. COUNTY OR PARISH <u>Eddy</u></p> <p>13. STATE <u>N. M.</u></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3694' GR</u></p>		

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut-in</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

The above well was shut-in during the month of February, 1973. The well was shut-in because it was uneconomical to produce. This well is a secondary recovery prospect after deeper waterflood is completed in 8 to 10 years.

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

SIGNED <u>[Signature]</u>	TITLE <u>Dist. Prod. & Drlg. Supt.</u>	DATE <u>October 31, 1974</u>
(This space for Federal or State office use)		

APPROVED
DEC 5 - 1974
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

TITLE _____ DATE _____
UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL OCTOBER **OCT 1 - 1975**
*See Instructions on Reverse Side