

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

Form approved.
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

LC-029395 (a)

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. T.A. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Atlantic Richfield Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL, 1650' FEL (Unit letter J)</p> <p>14. PERMIT NO.</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Turner "A"</p> <p>9. WELL NO. 32</p> <p>10. FIELD AND POOL, OR WILDCAT Fren-7 Rivers</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T17S, R31E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE N.M.</p>
<p>15. ELEVATIONS (Show whether DF, RT, GN, etc.) 3701' DF</p>	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Temporarily Abandon	

(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 has been temporarily abandoned by pulling tubing and capping well w/2000# WOG valve. Well was T. A. 3/5/73. We will hold this well for waterflood study.

RECEIVED

APR 1 1973

D. C. C.
ARTESIAN OFFICE

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

SIGNED L. C. Butcher TITLE Dist. Drlg. Supervisor DATE 4-5-73

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side