

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN
(Other instr
verse side)

PLICATE*
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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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SI		6. INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Atlantic Richfield Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201		8. FARM OR LEASE NAME Turner "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL & 2310' FEL (Unit letter G)		9. WELL NO. 21	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Fren-Seven Rivers	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3614' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, 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:		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) Temporarily Abandon <input checked="" 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.) *

Well was shut in June, 1969 when production declined to about 1/2 BOPD. Plan to hold well for possible secondary recovery use.

RECEIVED

AUG 19 1971

U. C. C.
ARTESIA, OFFICE

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

SIGNED A. D. Bretches TITLE Dist. Drlg. Supervisor DATE 8/16/71

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

AUG 18 1971
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side