

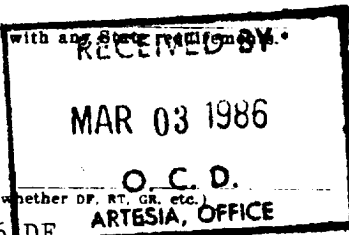
ckf

Drawer DD  
Artesia, NM 88210  
BUREAU OF LAND MANAGEMENT

### 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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR ARCO Oil and Gas Company -Division of Atlantic Richfield Company		8. FARM OR LEASE NAME Turner "B"	
3. ADDRESS OF OPERATOR P.O. Box 1610, Midland, Texas 79702		9. WELL NO. 19	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulation. See also space 17 below.) At surface  1980 FSL & 660 FEL (Unit I)		10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers	
14. PERMIT NO. API #30-015-05291		11. SEC., T., R., M., OR BLE. AND SURVEY OR ARMA 20-17S-31E	
15. ELEVATIONS (Show whether DP, RT, CR, etc.) 3726 DE		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:

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 checked="" 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 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.) \*

Propose to P&A as follows:

1. 150 SX 1920-2096. CR @ 1970 w/50' cmt. (OH plug).
2. 150 SX 1280-1380. Perfs @ 1380. CR @ 1280. (B-salt).
3. 200 SX 0-595. Perfs @ 595. In & behind 7" csg. (T-salt, shoe, surface)

18. I hereby certify that the foregoing is true and correct		915-684-0312	
SIGNED <u>Ken W Gosnell</u>	TITLE <u>Engr. Tech. Spec.</u>	DATE <u>12-17-85</u>	
(This space for Federal or State office use)			
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE <u>2-28-86</u>	
CONDITIONS OF APPROVAL, IF ANY:			

\*See Instructions on Reverse Side