

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

SURMIT IN 1 LOCATE*
(Other instructions on re-verse side)

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

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. See "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Atlantic Richfield Company		8. FARM OR LEASE NAME Turner "B" (B)	
3. ADDRESS OF OPERATOR P.O. Box 1978, Roswell, New Mexico 88201		9. WELL NO. 44	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL 2055' FWL (Unit Letter N)		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T17S, R31E	
12. COUNTY OR PARISH Eddy		13. STATE N.M.	

NOTICE OF INTENTION TO:

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

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

MI & RU plg unit 1/26/70. Perforated 5½" casing 3185-88, 3257-62, 3264-69 w/2 JSPF (26 shots). Ran 5½" Guiberson tension pkr on 2-3/8" injection string, set @ 3086.52' CL w/15,000# tension. Treated perfs 3161-3176 & 3185-3269 w/1300 gallons 15% HCl LSTNE acid. Returned to water injection. Job complete 1/28/70.

RECEIVED

O. C. C.
ARTESIA, OFFICE

RECEIVED
FEB-5-1970

U. S. GEOLOGICAL SURVEY
ARTESIA, N.M.

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

SIGNED *[Signature]* TITLE Dist. Drlg. Supervisor DATE 2-2-70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
FEB 9 - 1970

Date ACTING *[Signature]* District Engineer

*See Instructions on Reverse Side