| 1. L  | 1.175 Aurola - 1   | 1.0 · ·                                    |   | Sec. 1  | т ү — — — — — — — — — — — — — — — — — —   |  |   |  |  |  |                   |                                     |  |
|---|--|--|---|---|---|--|---|--|--|--|-------------------|-------------------------------------|--|
| Form 9-331<br>(May 1963)  | "NITED S   |  | SUBMIT IN T LICA<br>(Other instru s on                            |   | pproved.<br>Bureau No. 42–R1424   |  |   |  |  |  |                   |                                     |  |
|   | DEPARTNT OF THE INTERIOR (Other Instru a on re-<br>GEOLOGICAL SURVEY   |  |   | 5. LEASE DESIGN                                       | 5. LEASE DESIGNATION AND SERIAL NO.   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.<br>Use "APPLICATION FOR PERMIT-" for such proposals.) |  |  |   |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  | OIL<br>WELL GAS OTHER Sincleif: Oil Corporation Merged   2. NAME OF OPERATOR<br>SINGLAT R. OIL-CORPORATION into Atlantic Richfield Company<br>sifeetive March 4, 1969   3. ADDRESS OF OPERATOR<br>P. O. Box 1920, Hobbs, New Mexico 88240 |  |  |  |                   | 8. FARM OB LEASE NAME<br>Turner "B" |  |
|   |  |  |   |   |   |  |   |  |  |  | 3 8. FARM OR LEAS |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
| 9. WELL NO.   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  |  |  |   | 10. FIELD AND PO                                      |   |  |   |  |  |  |                   |                                     |  |
| See also space 17 below.)<br>At surface<br>660' fr N line and 1979.4' fr E line.  |  |  |   |   | ol, da wildcal  |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   | Fren<br>11. sec., T., E., M., OB BLK. AND   |  |   |  |  |  |                   |                                     |  |
|   |  | SURVEY OR AREA                             |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   | 29-T17S-  | -R31E   |  |   |  |  |  |                   |                                     |  |
| 14. PERMIT NO.  | 15. ELEVATION  | s (Show whether D                          |   |   | ARISH 13. STATE   |  |   |  |  |  |                   |                                     |  |
|   | <u> </u>   | · · · • • · · · · · · · · · · · · · · ·    | 3696' DF  | Eddy  | New Mexico  |  |   |  |  |  |                   |                                     |  |
| 16.   | Check Appropriate Bo   | x To Indicate N                            | lature of Notice, Report,   | or Other Data   | n an gun ann an Airtean ann an Airtean an Airtean ann an Airtean an Airtean an Airtean an Airtean an Airtean an<br>Airtean an Airtean an Ai   |  |   |  |  |  |                   |                                     |  |
|   | NOTICE OF INTENTION TO :   |  |   | SSEQUENT REPORT OF:                                   |   |  |   |  |  |  |                   |                                     |  |
| TEST WATER SHUT-C   | FF PULL OR ALTER O   |  | WATER SHUT-OFF  | REPAIR  | ING WELL  |  |   |  |  |  |                   |                                     |  |
| FRACTURE TREAT  | MULTIPLE COMPI.  |  | FRACTURE TREATMENT  |   | ING CASING  |  |   |  |  |  |                   |                                     |  |
| SHOOT OR ACIDIZE  | ABANDON*   |  | SHOOTING OR ACIDIZING   |   | ONMENT*   |  |   |  |  |  |                   |                                     |  |
| REPAIR WELL   | CHANGE PLANS   |  | (Other) Shut we   |   | x   |  |   |  |  |  |                   |                                     |  |
| (Other)   |  |  |   | sults of multiple comple<br>completion Report and L   |   |  |   |  |  |  |                   |                                     |  |
| 17. DESCRIBE PROPOSED O<br>proposed work. If<br>nent to this work.)   | R COMPLETED OPERATIONS (Clearly<br>well is directionally drilled, give   | y state all pertiner<br>ve subsurface loca | t details, and give pertinent d<br>tions and measured and true ve | ates, including estimate<br>ertical depths for all ma | d date of starting an<br>arkers and zones perti   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
| 12-16-68 Sh   | ut well in. Non-pro  | oductive ar                                | d holding for futu  | re use in a wa  | terflood  |  |   |  |  |  |                   |                                     |  |
| op  | eration.   |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   | 이 나 등 이 도 가 있다.<br>동안 전 북 왕이 드로                       |   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   | 문문 Turner Turne |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  | and the second  | ំណើរ សំរាន<br>សំរោះ សំរោះ<br>សំរោះ                    |   |  |   |  |  |  |                   |                                     |  |
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|   | الا من   | VED  | DECTO   | ulua<br>Luva<br>Luva                                  | 8 - 28<br>- 2007<br>- 2007<br>- 2007  |  |   |  |  |  |                   |                                     |  |
|   | ی سیست⊄ ≉ریاد دیشت. پر بر ا  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   | - · ·  |  |   |   |   |  |   |  |  |  |                   |                                     |  |
|   |  | 1569                                       |   |   | 별 위 중경<br>문 이 법   |  |   |  |  |  |                   |                                     |  |
|   |  |  |   |   | 2 3 F 5<br>3 7 0 5  |  |   |  |  |  |                   |                                     |  |
|   | and a second | - C.V                                      | Lon.  | n regeler   | 일 신 한 곳<br>국 전 중 전  |  |   |  |  |  |                   |                                     |  |
|   | $\sim 0$   |  |   |   |   |  |   |  |  |  |                   |                                     |  |
| 18. I hereby certify that   | the foregoing is true and corre  | et   | ······································                            | <u> </u>  | <u>೧೯೯೭</u><br>4554   |  |   |  |  |  |                   |                                     |  |
| BIGNED 4  | 17 mm  | TITLE                                      | Superintendent  |   | 12-16-68  |  |   |  |  |  |                   |                                     |  |
| (This space for Fede  | ral or State office use)   |  | *****   |   |   |  |   |  |  |  |                   |                                     |  |
|   | Tar of State Office 186)   |  |   |   | D   |  |   |  |  |  |                   |                                     |  |
| CONDITIONS OF A   | PPROVAL, IF ANY:   | TITLE                                      |   | - BUT   | <u></u>   |  |   |  |  |  |                   |                                     |  |
| Orig&4cc: US  | GGS, Artesia, N.M.   |  | N   |   |   |  |   |  |  |  |                   |                                     |  |
|   | outhern Region (West   | t Texas)                                   |   | i c l   |   |  |   |  |  |  |                   |                                     |  |
| cc: fi  | lle  | See Instruction                            | s on Reverse Side 🔪   | REEKMA  | <b></b>   |  |   |  |  |  |                   |                                     |  |
|   |  |  | · \   | R.L.  |   |  |   |  |  |  |                   |                                     |  |
|   |  |  | N.<br>∖   | р. <sup>11 г.</sup>                                   |   |  |   |  |  |  |                   |                                     |  |
|   |  |  | -   |   |   |  |   |  |  |  |                   |                                     |  |