	· · ·	Form approved. Budget Bureau No. 42 kt 1424 5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (b)				
Form 9-331 (May 1963)	DEPARTMENT OF THE INTERIOR (Other instructions on re-					
	UNDRY NOTICES AND REPORTS this form for proposals to drill or to deepen or pin Use "APPLICATION FOR PERMIT—" for suc	ig back to a different reservoir.	6 19 INDIAN, ALLOTTHE OR TRIBE NAME			
OIL X WE		PECEIVED	7. UNIT AGREEMENT NAME			
2. NAME OF OPERAT Atlantic Ri	or ichfield Company		R FARM OR LEASE NAME Turner "B"			
P. O. Box	MATOR 1978, Roswell, New Mexico 8820	AUG 8 1973	9. WELL NO. 49			
	L (Report location clearly and in accordance with a		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson/Premie 11. SEC., T., R., M., OR BLK. AND			
1980' FNL & 1980' FEL (Unit letter G)			29, T17S, R31E			
14. PERMIT NO.	15. ELEVATIONS (Show whether	15. ELEVATIONS (Show whether DF, RT, GR, etc.)				
	3738' GR		Eddy N.M.			

CHANGE PLANS (Other) . (Nors: Report results of multiple completion on Well Completion or R-completion Report and Log form.) (Other) 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.)*

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

16.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

NOTICE OF INTENTION TO:

X

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

Oil production from this well has declined from about 300 BOPD to 170 BOPD. production is 15 BPD. We suspect a scale buildup in the perforations. We propose to treat existing perfs 3418-30 & 3446-56 w/10,000 gal gelled fresh water containing 14,000# of 20/40 sand & scale inhibition chemical.

SUBSEQUENT REPORT OF:

N.M.

REPAIRING WELL

ALTERING CASING

ABANDON MENT*

AUG- 61973 U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

8. I hereby certify that the foregoing is true and correct			7.	•		
(This space for Federal or State office use)	TITLE	Dist. Drlg. Supv.		DATE _	8-2-73	
APPROVED BY						
CONDITIONS OF APPROVAL IF ANY:	TITLE		#	DATE	1	
7-1-1			7.	•	5	

*See Instructions on Reverse Side