

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN T
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verse side) ICATE*Form approved.
Budget Bureau No. 42-R1424.

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"/> | | 5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (b) | |
| 2. NAME OF OPERATOR Atlantic Richfield Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P.O. Box 1710 - Hobbs, New Mexico 88240 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any applicable regulations. See also space 17 below.) At surface 565' FNL & 586' FWL (Unit Letter D) | | 8. FARM OR LEASE NAME Turner "B" | |
| 14. PERMIT NO. | | 9. WELL NO. 23 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3623.88' DF | | 10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-17S-31E | |
| | | 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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Shut-in | |
| (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.)*

The above well was shut-in during the month of September, 1967. The well was shut-in because it was uneconomical to produce. This well is under study for waterflood. Will hold for NMOCC hearing during the 4th qtr of 1975.

RECEIVED
U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, N.M.

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

SIGNED

D. L. Beckman

TITLE Dist Prod & Drlg Supt

DATE 9-29-75

(This space for Federal or State office use)

APPROVED
OCT 17 1975
D. L. BECKMAN
ACTING DISTRICT ENGINEER

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
OCT 1 - 1976

*See Instructions on Reverse Side