Form approved. Budget Bureau No. 42-R1424. Form 9-331 (May 1963) 'NITED STATES SUBMIT IN PLICATE* DEPARTMENT OF THE INTERIOR (Other in verse side) instr. 5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (b) GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **SUNDRY NOTICES AND REPORTS ON WELLS** House Brown (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.) 7. UNIT AGREEMENT NAME Arte Atlantic Richfield Congany WELL X GAS WELL OTHER NAME OF OPERATOR 8. FARM OR LEASE NAME SINGLAIR OIL CORPORATION Turner "B" 8. ADDRESS OF OPERATOR 9. WELL NO. ₃22 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface geroja Beroja P. O. Box 1920, Hobbs, New Mexico 10. FIELD AND POOL, OR WILDCAT Fren Sinclair Oil Corporation Merged 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA into Atlantic Richfield Company 660' fr N line and 660' fr E line effective March 3, 1969 529-T17S-R31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 3734.64' DF Eddy New Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF BEPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* Shut Well In REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion 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.)* Shut well in. Non-productive and holding for future use in a waterflood operation. DECTY/OS'S
DECTY/OS'S 18. I hereby certify that the foregoing is true and correct Superintendent SIGNED . TITLE (This space for Federal or State office use)

APPROVED BY _______ TITLE CONDITIONS OF APPROVAL, IF ANY:

Orig&4cc: USGS, Artesia

cc: Southern Region (West Texas)

cc: file

*See Instructions on Reverse Side

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