-		. 10 1	··· O. O.	o. Cori			7	while,
For at 9-331 (May 1963)	DEPAR'	"NITED STATE		(Other lasts	PLICATE*	Budge	approved. et Bureau No. 42 SNATION AND SER	2.ARIADE (A
•		GEOLOGICAL SU			1	LC 029	395(h)	
				LAMELLO			LLOTTEE OR TRIE	E NAME
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.						UNIT AGREE	MENT NAME	
OIL GA WE	SLL OTHER						및 본 H 및	
2. NAME OF OPERAT	OR		7			B. FARM OR LE	ASE NAME	
Atlantic Richfield Company (Turner "B"(A)		
3. ADDRESS OF OPE		<u> </u>				WELL NO.	122	
P.O. Box 1978, Roswell, New Mexico 88201						-52		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface						O. FIELD AND	POOL, OR WILDCA	T
						Grayburg Jackson		
1980' F	NI. 660'-	FWL (Unit Le	tter E)			ll. SEC., T., R., SURVEY	M., OR BLK. AND OR AREA	
1,000 1	NI, 000 .	two (onle be	ccci z,			Sec. 29	, T17S,	R31E
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)				2. COUNTY OF	PARISH 13. ST.	ATE
		3646'	Grd	•	:	Eddy	5 N.	Μ.
16.	CL LA	, D. T. J	Jense M.	(N) ii D	0.1	<u> </u>		
10.	Check A	ppropriate Box To 1	naicate Natu	ire of Notice, Kep	ort, or Uti	ier Data		
	NOTICE OF INTE	INTION TO:			SUBSEQUE	T REPORT OF	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
TEST WATER SE	UT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF		REP	AIRING WELL	
PRACTURE TREA		MULTIPLE COMPLETE		FRACTURE TREATM	ENT	ALT	ERING CASING	
SHOOT OR ACIDI		ABANDON*		SHOOTING OR ACIE	DIZING X	ABA	NDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)				_
(Other)	ر <u>ـــــ</u>			(Note: Rep	ort results of	multiple com on Report and	pletion on Well	
17. DESCRIBE PROPOS	ED OR COMPLETED OF	PERATIONS (Clearly state	all pertinent de	tails, and give pertin	ent dates, in	cluding estima	ated date of star	ting any
nent to this wo					 			•
		•			<u> </u>			,
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		3/70. Perfo		-	-			F.
		ated perfs 3						
acid &	ball seal	ers. Job co	mplete @	1:30 PM 2	2/4/70.	Ran p	roductio	n
equipme	nt as pul	led and retu	rned wel	ll to produ	ction.	Work	complet	.e
2/5/70.					e e	1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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				2 B. C.	F	rent or case named as a well and	Free Control Library	
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SIGNED CONDITIONS OF APPROVAL, IF ANY:

District Drlg. Supervisor 2-11-70

TITLE District Drlg. Supervisor 2-11-70

DATE

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

*See Instructions on Reverse Side