

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN 7 LOCATIONS\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1494

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "B" (A)

9. WELL NO.

54

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T17S, R31E

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐

Water Injection Well

2. NAME OF OPERATOR

Atlantic Richfield Company ✓

3. ADDRESS OF OPERATOR

P. O. Box 1978, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)

At surface

1980' FNL, 1980' FWL (Unit Letter F)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3696' GR

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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☒

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

MI & RU plg unit 1/29/70. Perforated 5½" casing 3396-3404' w/2 JSPP (16 shots). Treated perfs 3396-3404' w/1000 gal 15% HCl LSTNE acid. Reset 5½" Guiberson tension pk on 2-3/8" injection tubing, set @ 3327.40' w/13000# tension. Returned well to injection. Job complete 1/30/70.

RECEIVED

FEB 10 1970

O.C.C.  
ARTCSIA, OFFICE

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

SIGNED AD Bartles

TITLE Dist. Drlg. Supervisor DATE 2-2-70

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD PURPOSES

FEB 9 - 1970  
Date

ACTING District Engineer

\*See Instructions on Reverse Side