

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE
(Other Instruc.
verse side)ICATE*
on re-Form approved. *Capl*
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		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 1920, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' fr the South line and 1980' fr the East line		8. FARM OR LEASE NAME Turner "B" (A)	
14. PERMIT NO.		9. WELL NO. 61	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3740' GR		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-T17S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE 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 <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Converted to MW	(Other) <input checked="" 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.)*

3-11-69 Set C.I. B.P. @ 3585' w/2 sks. cement on top. PBTD 3570'. Ran 2-3/8" CD EUE tubing w/tension packer set @ 3473'. Preparing to inject water into Premier perms. 3506-3516' Russell-Turner Waterflood Area.

RECEIVED

1969

U. S. G. S.
ARTESIA, OFFICERECEIVED
MAR 17 1969
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Superintendent

DATE March 13, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

Crig&acc: USGS, Artesia

cc: Southern Region (West Texas) See instructions on Reverse Side

cc: file

APPROVED
MAR 17 1969
R. L. BEEKMA