N. M. O. C. C. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: LC 029395(b)

6. IF INDIAN, ALLOTTEE OR TRIBE 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. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Atlantic Richfield Company

8. FARM OR LEASE NAME: Turner "B" (A)

3. ADDRESS OF OPERATOR: P.O. Box 1978, Roswell, New Mexico 88201

9. WELL NO.: 61

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL, 1980' FEL (Unit Letter J)

10. FIELD AND POOL, OR WILDCAT: Grayburg-Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 29, T17S, R31E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3740' 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	X	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(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 pulling unit 1/29/70. Perforated 3532-40 w/2 JSPF. Treated perforations 3506-3516 & 3532-3540 w/1000 gallons 15% LSTNE HCl acid. Resumed water injection through 2" tubing w/tension packer set @ 3480'. Job complete 1/29/70.

RECEIVED
FEB 10 1970
O. C. C.
ARTESIA, OFFICE

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

SIGNED [signature] TITLE Dist. Drlg. Supervisor DATE 2-2-70

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
FEB 9 - 1970
[signature] ACTING District Engineer

*See Instructions on Reverse Side