			RECEIVED	
N . OF COPIES RECEIVED		9	REGETTER	Form C -103
DISTRIBUTION	1		10 70	Supersedes Old C-102 and C-103
SANTA FE			NEW MEXICO OF FEDISE BY 1979 COMMISSION	Effective 14-65
FILE	1			
9.3. 6. \$.	1/		D. C. C.	Sa. Indicate Type of Lease
LAND OFFICE			ARTEBIA, OFFICE	State Federal Fee
OPERATOR	1			5. State Oil & Gas Lease No.
OO NOT USE THIS FO	SU	NDR PR PRO	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT - " IFORM C-101) FOR SUCH PROPOSALS.	
1.				7, Unit Agreement Name
OIL GAS WELL WEL]	OTHER- Water Injection Well	
2. Name of Operator				8. Farm or Lease Name
Atlantic Richfield Company				Turner "B" (A)
·, Address of Operator				9. Well No.
P. O. Box 1710, Hobbs, New Mexico 88240				61
4, Location of Well				10. Field and Pool, or Wildcat
UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM				Grayburg Jackson
0000 CC11CA				AIIIIIIIIIIIIIIIIII
East	1.155	SEC 710	DN 29 TOWNSHIP 17S RANGE 31E NMPM.	AHHHHHHHHHA
THE	CINC.	320110		
MUMMMM	Π	\overline{U}	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	$\left(\right) \right)$	$\left(\right) \left(\right) $	3740' GR	Eddy
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK			PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING			CHANGE PLANS CASING TEST AND CEMENT JOB	
			OTHER Pipe Bradenhead	to Surface X
OTHER				
			continue (Clearly stars all pertinent details and give pertinent dates including	estimated date of starting any proposed
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed				

work) SEE RULE 1103.

On 2/8/79 piped bradenhead to surface in accordance with New Mexico Oil Conservation Division casing leak survey. Witnessed by Mr. Mike Williams, O.C.D., Artesia, New Mexico.

17. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

,

HENED

______ Sr. Dist. Prod. Supvr. 2/9/79

nhe Williams

OIL AND GAS INSPECTOR TITLE _____

FEB 1 4 1979

ONDITIONS OF APPROVAL, IF ANY: