## DEPARTMENT OF THE INTERIOR (Other instru-GEOLOGICAL SURVEY

LICATE\* on re5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

LC 029395 (b)

<b>SUNDRY</b>	<b>NOTICES</b>	AND	REPORTS	ON WE	ELLS
use this form fo	or proposals to	drill or to	deepen or plug	back to a d	lifferent

' (Do not

ose Althoriton Politication Political	· ·
OIL GAS OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Atlantic Richfield Company	Turner "B" (A)
3. ADDRESS OF OPERATOR	9. WELL NC.
P.O. Box 1978, Roswell, New Mexico 88201	62
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface	10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
1980' FSL, 660' FEL (Unit Letter I)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 29, T175, R31

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 3749' Grd. Eddy N.M. 16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			1	SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF		PULL OR ALTER CASING MULTIPLE COMPLETE			WATER SHUT-OFF		REPAIRING WELL ALTERING CASING	
SHOOT OR ACIDIZE REPAIR WELL	_	ABANDON* CHANGE PLANS		-	SHOOTING OR ACIDIZING  (Other)		ABANDONMENT*	
(Other)		·····			Completion or Reco	ompletion Repor		
DESCRIBE PROPOSED OR CO	MPLE	TED OPERATIONS (Clearly state	all pertinent	nt d	letails, and give pertinent da	ites, including e	stimated date of st	tarting

17. c proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent this work.)\*

We propose to add perforations from 3540-3553' w/2 JSPF and treat w/1000 gallons 15% HCl acid and ball sealers, then return well to rod pumping status.

RECEIVED

JAN 2 6 1970

0. 0. 0. ARTESIA, EFFICE

L. BEEKMI

singon of botting of any coeing, line strong of any coeing (

10 1 hands and the Alice of the Indian				CCRO	
18. I hereby certify that the foregoing is true and correct  SIGNED	TITLE .	Dist.	Drlg.	Supervisor DATE 1-21-70	
(This space for Federal or State office use)					
APPROVED BY	TITLE .		•	Oli in DATE	
DORON				Especial Country of the part o	
				erat Stat Boca Born Alm Alm Com	

See Instructions on Reverse Side