Form 9-331 (May 1963) DEPAR	"NITED STATES	SUBMIT IN T <sup>*</sup> GICAT (Other instrue) on (Other single)	
GEOLOGICAL SURVEY			I.C 029395 b
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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL [7] CAS [7]	5	inclair Oil Corporation Merged	7. UNIT AGREEMENT NAME
WELL WELL OTHER		nto Atlantic Richfield Company Mective March 4, 1969	
STELLER OTL 2.	ALC OCTONIN	3	8. FARM OR LEASE NAME — Turner "F" (A)
ADDRESS OF OPERATOR			9. WELL NO.
F. C. Box 1920, Hobbs, New Mexico 88240			64
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements •			10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface			Grayburg Jackson
1980' from the South line and 660' from the Mest Line			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			SURVEY OR AREA 29-T17S-R31E
4. PERMIT NO.	15 Provenova (Chamakathan		
T. PERMIT NO.	15. ELEVATIONS (Show whether 36	0711 GR	12. COUNTY OB PARISH Eddy New Newico
6. Check A	Appropriate Box To Indicate	Nature of Notice, Report, or	Other Data
NOTICE OF INTI	ENTION TO:	SUBS	EQUENT 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	ABANDON MENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other) Convert produc	cing viluell to X U	(NOTE : Report resu Completion or Recor	lts of multiple completion on Well npletion Report and Log form.)
			es, including estimated date of starting any tical depths for all markers and zones perti-
Perforations 3397-340 FROPOSE TO: Run 2-3/ Hookup a	05'.	retrievable racker s ducing oilwell to wa	ter injection well
	A second a second s		68
		NUV- 41	
	ar 15 <b>3</b> ar 16 ar	D. 47	
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8. I hereby certify that the foregoing	is true and correct		
SIGNED	TITLE	Superintendent	DATE
(This space for Federal or State of	flice use)		NED
APPROVED BY	TITLE		B()
CONDITIONS OF APPROVAL, IF		APF	
Orig&4cc: USCS, Arte cc: Regional C cc: file		ns on Reverse Side	R. L. bE- AN