

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
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 ☐ GAS WELL ☐ OTHER ☒ 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 1978, Roswell, New Mexico 86401		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' FSL, 660' FWL (Unit Letter L)		8. FARM OR LEASE NAME Turner "B" (A)	
14. PERMIT NO.		9. WELL NO. 64	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3671' GR		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson	
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 29, T17S, R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

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U. S. GEOLOGICAL SURVEY
ARTESIA, 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 ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☒	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(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.)*

We propose to add Premier perforations from 3426-3440' w/one JSPP and treat w/1500 gallons 15% HCl acid. Resume water injection through 2-3/8" tubing w/tension packer set at 3329'. Propose to treat existing perforations 3388-3405 w/20,000 gallons gelled fresh water containing 20,000# of 20/40 sand.

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O. C. C.
ARTESIA, OFFICE

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

SIGNED *O. D. Sretches* TITLE Dist. Drlg. Supervisor DATE 1-15-70

(This space for Federal or State office use)

APPROVED
CONDITIONS OF APPROVAL, IF ANY:

R. L. BEEKMA
R. L. BEEKMA

*See Instructions on Reverse Side