

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 1 REPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Atlantic Richfield Company ✓	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 1978, Roswell, New Mexico 88201	8. FARM OR LEASE NAME Turner "B" (A)
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)	9. WELL NO. 64
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3671' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T17S, R31E
	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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 1/24/70. Perforated 3426-40 w/1 JSPF. Treated perforations 3388-3405' w/500 gallons 15% LSTNE HCl acid down 2" x 5" annulus. Treated perforations 3426-3440 w/300 gallons 15% LSTNE HCl acid down 2" tbg. Communicated perfs 3405-3426. Reset pkr @ 3290, pumped remaining 1200 gallons acid into perfs 3388-3440. Reset tension packer @ 3311' w/15,000# tension. Swabbed back acid water and returned well to water injection. Job complete 1/26/70.

RECEIVED
FEB 1 1970
O. G. C.
ARTESIA, LOUISIANA

RECEIVED

JAN 29 1970

U. S. GEOLOGICAL SURVEY
ARTESIA, LOUISIANA

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

SIGNED C. W. Bitches

TITLE Dist. Drlg. Supervisor DATE 1-28-70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD PURPOSES
JAN 30 1970

ACTING District Engineer

*See Instructions on Reverse Side