

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

LC-029395-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> WIW	<div>RECEIVED BY SEP -4 1986 O. C. D. BUREAU OFFICE</div>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ARCO Oil and Gas Company Div. of Atlantic Richfield Company		8. FARM OR LEASE NAME Turner "B" (A)
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		9. WELL NO. 64
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)		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson - O
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3671' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-17S-31E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	Shut In <input checked="" 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.) *

This well was shut in effective 8/16/86 by closing the master valve. Well was shut in to evaluate the Russell Turner Waterflood. Permission was received from Mr. R. L. Stamets, NMOCD in Santa Fe in his letter of August 1, 1986 to temporarily shut in the well for one year pending engineering evaluation. Final Report.

APPROVED FOR ¹² MONTH PERIOD
ENDING 9/3/87

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

SIGNED [Signature] TITLE Area Prod. Supt. DATE 8/21/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-3-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side