

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

EXPIRES AUGUST 31, 1985
5. LEASE DESIGNATION AND SERIAL
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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR ARCO Oil and Gas Company
Div. of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
380' FNL & 2310' FEL (Unit letter B)

OCT 15 1985

O. C. D.

ARTSIA OFFICE

7. UNIT AGREEMENT NAME
8. FIRM OR LEASE NAME
Turner "B"
9. WELL NO.
69
10. FIELD AND POOL, OR WILDCAT
Cedar Lake Abo
11. SEC., T., R., M., OR S.E. AND
SURVEY OR AREA
Sec 29-17S-31E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.

14. PERMIT NO
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3688' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Press Test Downhole Equipment X
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

RU 9/28/85. Pressure tested casing w/corrosion inhibited water to 500# for 15 minutes. Pressure dropped to 480#, OK. SI w/1 jt 2-3/8" EUE tbg & 2" ball valve at surface. Left well Temporarily Abandoned.

ACCEPTED FOR RECORD

OCT 11 1985

CAPISBAD, NEW MEXICO

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

SIGNED J. B. Day TITLE Area Prod Supt. DATE 10/4/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side