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| JNITED STATES SUBMIT II (Other inst. OTHE INTERIOR verse side)  GEOLOGICAL SURVEY  JNITED STATES SUBMIT II (Other inst. on re- ions on re-                           |  |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  |  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| (Do not use this form for prop<br>Use "APPLIC  | osals to drill or to deepen or plug back<br>CATION FOR PERMIT—" for such propo | to a different reservoir.                                      | in the second se   |
| OIL GAS WELL OTHER   |  |  | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR  |  |  | 8. FARM OR LEASE NAME  |
| Atlantic Richfield Company 1/3. ADDRESS OF OPERATOR  |  |  | Turner "B" (A)   |
| P.O. Box 1978, Roswell, New Mexico 88201   |  |  | 53 3 2223  |
| <ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*</li> <li>See also space 17 below.)</li> <li>At surface</li> </ol> |  |  | 10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson  |
| 1980' FSL, 660' FEL (Unit Letter (I)   |  |  | 11. SEC., T., E., M., OR BLK. AND<br>SURVEY OR AREA  |
|  |  |  | Sec. 30, T17S, R31E  |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, BT,   | GR, etc.)  | 12. COUNTY OR PARISH 13. STATE   |
|  | 3636' Grd  |  | Eddy N.M.  |
| 16. Check A  | ppropriate Box To Indicate Natu  | ure of Notice, Report, or                                      | Other Data   |
| NOTICE OF INTENTION TO:  |  |  | QUENT REPORT OF:   |
| TEST WATER SHUT-OFF  | PULL OR ALTER CASING   | WATER SHUT-OFF   | REPAIRING WELL   |
| PRACTURE TREAT   | MULTIPLE COMPLETE  | FRACTURE TREATMENT   | ALTERING CASING  |
| SHOOT OR ACIDIZE   | ABANDON*   | SECOTING OR ACIDIZING  | ABANDONMENT*   |
| (Other)  | CHANGE PLANS   | (Other) (Note: Report result                                   | ts of multiple completion on Well<br>pletion Report and Log form.)   |
| proposed work. If well is directinent to this work.)*  | onally drilled, give subsurface locations                                      | etalls, and give pertinent dates and measured and true verting | s, including estimated date of starting any cal depths for all markers and zones perti-  |
|  | o add perforations   |  |  |
|  | treat w/1000 gallo   |  | l and ball া নির্দ্ধি <u>ক</u><br>প্রতিষ্ঠিতি জিল্লাল<br>প্রতিষ্ঠিতি জিল্লাল   |
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| f  |  |  | thon looking to apprince to apprince to applied by control or other and reported by the sundered by the sunder   |
| 18. I hereby certify that the foregoing i  | s true and correct   |  | 91 #8  |
| SIGNED C.D. Spetch   | TITLE Dist   | . Drlg. Supervi  | SOT DATE 1-21-70   |
| (This space for Federal or State offi  | ce use)  |  |  |
| APPROVED BY  | TITLE  |  | DATE   |
| CONDITIONS OF APPROVAL, IF A   |  |  | DAID   |
| 5PKIII   |  |  |  |

\*See Instructions on Reverse Side