

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1 PLICATE*
(Other instruct. on re-
verse side)

Form approved.
Budget Bureau No. 12-00000

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Atlantic Richfield Company	8. FARM OR LEASE NAME Turner "B" (A)
3. ADDRESS OF OPERATOR P. O. Box 1978, Roswell, New Mexico 88201	9. WELL NO. 53
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL, 660' FEL (Unit Letter I)	10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T17S, R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3636' Grd	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 COMPLETION <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"/>	

(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 PU 2/4/70. Perforated 5½" casing 3388-3397' w/2 JSPF (18 holes). Treated perforations 3388-3397 w/1000 gallons 15% LSTNE HCl acid & ball sealers. Ran production equipment as pulled and returned well to production. Work complete 2/5/70.

RECEIVED

FEB 16 1970

O. C. C.
ARTESIA, OFFICE

RECEIVED

FEB 13 1970

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

W. D. Litch

TITLE

Dist. Prlg. Supervisor

DATE

2-11-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

R. L. BECKMA

*See Instructions on Reverse Side