|     |  | ,  |
|-----|--|--|
|     | The state of the s | Form approved. Budget Bureau No. 42-P1124. 5. LEASE DESIGNATION AND STRIAL 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.)  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |
| 1.  | OIL X GAS WELL OTHER   | 7. UNIT AGREEMENT NAME   |
|     | Atlantic Richfield Company   | 8. FARM OR LEASE NAME Turner "B" (A)   |
|     | 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 FOOL, OR WILDCAT Grayburg-Jackson 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 30, T175, R31E |
| 14. | PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)   3636  Grd  | 12. COUNTY OR PARISH 13. STATE Eddy N.M.   |
| 16. | TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING X  CHANGE PLANS (Other)   | EMA REPORT OF:  BEPAIRING WELL  ALTERING CASING  ABANDONMENT*  of multiple completion on Well                        |
|     | (Other) (NOTE: Report results Completion or Recomple   | tion 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.) \*

Treated casing perforations 3356-3372, 3388-3397' down thg-csg annulus w/1000 gallons 15% LSTNE acid. Job complete @ 10:30 AM 1/12/71. Prior to acid job well pumped 74 BOPD & 38 BWPD; after acid job in 24 hrs pumped 73 BO & 64 BW.

JAN 22 1971

| signed A Data K                              | Dist. Drl | Supervisor 1/20/71 |  |
|--|-----------|--------------------|--|
| (This space for Federal or State office use) |           |                    |  |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:   | TITLE     | DATE               |  |
| D FOR RECORD PURPOSES                        |           |                    |  |

e**r** 

\*See Instructions on Reverse Side