

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

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. ARTESIA OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. LC-029395-B
2. NAME OF OPERATOR ARCO Oil and Gas Company Div. of Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL (Unit letter J)		8. FARM OR LEASE NAME Turner "B" (A)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3617' GL	9. WELL NO. 56
		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
		11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA 30 -17S-31E
		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 COMPLETE <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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) 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 <u>R. W. Guy</u>	TITLE <u>Area Prod. Supt.</u>	DATE <u>8/21/86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>9/3/86</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side