16.

M. M. O. C. C. UN TO STATES SUBMIT IN TRIPI DEPARTMENT OF THE INTERIOR (Other Instructions verse side)

GEOLOGICAL SURVEY

TE:

Form approved, ## Budget Bureau No. 42-R1424

| | | LC | 02 | 9395 | (b |) | | |
|----|----|-------|----|--------|-------|-------|------|--|
| 6. | IF | INDIA | N, | ALLOTT | EE OR | TRIBE | NAME | |

| SUNDRY | NOTICES | AND | REPORTS | ON | WELLS | |
|--------|---------|-----|---------|----|-------|--|
| | | | | | | |

| | (Do not use this form for proposa | ls to drill or to deepen or plug TION FOR PERMIT—" for such | back to a different reservoir. | | |
|-----|--|--|--|--|--------------|
| 1. | OIL GAS OTHER I | Plug & Abandon [†] | VED | 7. UNIT AGREEMENT NA |)(E |
| 2. | NAME OF OPERATOR | | REUE | 8. FARM OR LEASE NAM | |
| | Atlantic Richfield Comp | pany 🗸 | | Turner "B"(| \mathbf{A} |
| 3. | ADDRESS OF OPERATOR | | JUN 1 1 1975 | 9. WELL NO. | · / |
| | P. O. Box 1710, Hobbs, | New Mexico 88240 | | 5 7 | |
| 4. | LOCATION OF WELL (Report location cle See also space 17 below.) At surface | arly and in accordance with an | y State requirements. C. O.C. C. ARTESIA, OFFICE | Grayburg Jac | |
| | 1980' FSL & 1755' FWL | (Unit letter K) | ARIEBIOI | 11. SEC., T., R., M., OR B SURVEY OR AREA Sec 30-17S-3 | LK. AND |
| 14. | PERMIT NO. | 15. ELEVATIONS (Show whether | DP. BT. GR. etc.) | 12. COUNTY OR PARISH | |
| | | 3607 GF | | Eddy | N.M. |

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

| NOTICE OF INTENTION TO: | | | | | SUBSEQUENT REPORT OF: | | | |
|-------------------------|--|----------------------|----------|---|---|-------|--|--|
| • | | | | 1 | l [| | | |
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | | WATER SHUT-OFF | | REPAIRING WELL | |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | | FRACTURE TREATMENT | | ALTERING CASING | |
| SHOOT OR ACIDIZE | | ABANDON* | <u></u> | ļ | SHOOTING OR ACIDIZING | | ABANDON MENT* | |
| REPAIR WELL | | CHANGE PLANS | | | (Other) | | bandon X | |
| (Other) | | | | | (Note: Report resu Completion or Recor | lts o | of multiple completion on Well tion Report and Log form.) | |

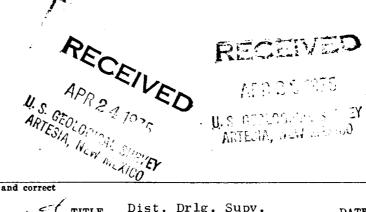
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

On 4/10/75 rigged up & removed gate valve. Installed BOP. Ran 6-1/8" bit, washed dn from 1420-3490' to condition mud. POH w/bit. RIH w/tbg & pumped 100 sx cmt w/4% gel, ## Flocele & 10# sd/sk. WOC. Check top of cmt @ 3120'. Cmt from 3490-3120'.

Spotted 40 sx Cl C cmt w/LC material 2490-2630'.

Spotted 40 sx Cl C cmt 1460-1600'.

Spotted 20 sx gel, 8 sx cotton seed hulls, followed by 40 sx Cl C cmt w/4% gel, 1/4# Flocele flakes & 10# sd/sk. 1460-1600'. Spotted 4 sx Cl C cmt w/additives across 1.0-3/4" csg shoe @ 691'. POH w/tbg. Spotted 10 sx Cl C cmt plug @ surface. Installed regulation dry hole marker. Cleaned & levelled location. P&A effective 4/16/75. Final Report.



| | $\mathcal{C}_{\mathcal{O}}$ | | |
|---|-----------------------------|-----------|---------|
| 18. I hereby certify that the foregoing is true and correct | | | |
| SIGNED / | TITLE Dist. Drlg. S | upv. DATE | 4/18/75 |
| (This space for Federal or State office use) | | | |
| APPROVED BY TO APPROVAL IF ANY: | TITLE | DATE | |

*See Instructions on Reverse Side