

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other ins
verse side)

PLICATE*

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 029395 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "B"

9. WELL NO.

76

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T17S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1.

OIL WELL ☐ GAS WELL ☐ OTHER WIW

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1978, Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

660' FSL & 660' FWL (Unit letter P)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3656' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) SetCIBP

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

An injectivity profile run on this well shows 93% of the injected water going into the zone 3489-3497 and the north offset well, Turner "B" #53 is producing about 60 BWPD. To reduce this water production and to make more efficient use of injection pattern, we propose to set a 4½" CIBP at about 3470' and resume water injection into perfs 3426-3446'.

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

SIGNED

TITLE

Dist. Drlg. Supervisor

DATE

3/17/72

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

