

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE*
(Other instructions on reverse side)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.

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 ☐ 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) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Set CIBP ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(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.)*

RU & set CIBP on WL @ 3470'. Ran Guiberson tension pkr, and tubing & set pkr @ 3335.20' GL w/12,000# tension. Returned well to injection, injecting into perfs 3426-3446'.

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

SIGNED

C. D. Dretches

TITLE

Dist. Drlg. Supervisor

DATE

3/29/72

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL IF ANY:

MAR 31 1972

H. L. BEEKMAN

ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side