

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR (Other instructi
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Copy to 10

Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 029395 (b)	
2. NAME OF OPERATOR 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 office See also space 17 below.) At surface 330' FSL & 2310' FWL (Unit Letter N)		8. FARM OR LEASE NAME Turner "B"	
14. PERMIT NO.		9. WELL NO. 35	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3669' DF		10. FIELD AND POOL, OR WILDCAT Fren Seven Rivers	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-17S-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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

The above well was shut-in during the month of February, 1963. The well was shut-in because it was uneconomical to produce. This well is under study for waterflood. Will hold for NMOCC hearing during the 4th qtr of 1975.

RECEIVED

U.S. GEOLOGICAL SURVEY
ARTIFICIAL

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

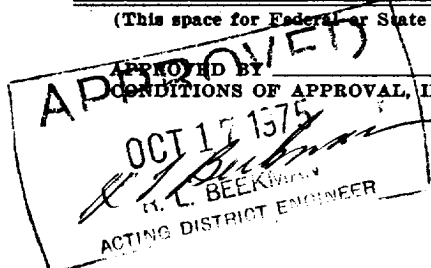
SIGNED

D. Ricks

TITLE Dist Prod & Drlg Supt

DATE 9-29-75

(This space for Federal or State office use)

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL OCTOBER 1 1976
OCT 1 - 1976

DATE

*See Instructions on Reverse Side