Form 9-331 (May 1963)

ACTING DISTRICT ENGINEER

ONTIED STATES SUBMIT IN 1. LICATE* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

LC 029395 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

	(Do not use this form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such		
ī.	OIL GAS OTHER	RECEIVE	7. UNIT AGREEMENT NAME
2.	NAME OF OPERATOR Atlantic Richfield Company	MAR 1 1973	8. FARM OR LEASE NAME TURNER "B"
3.	P. O. Box 1978, Roswell, New Mex		9. WELL NO. 27
4.	LOCATION OF WELL (Report location clearly and in accordance with at See also space 17 below.) At surface	ARTESIA, OFFICE	10. FIELD AND POOL, OR WILDCAT Fren-7 Rivers
	330' FSL, 330' FWL (Unit letter	M)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T17S, R31E
14	PERMIT NO. 15. ELEVATIONS (Show whether	DF, BT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	26121 02		77-27-2-

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

NOT	ICE OF INTENTION TO:	ENTION TO: SUBSEQUENT REPORT OF:	
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*		SHOOTING OR ACIDIZING ABANDONMENT*
REPAIR WELL	CHANGE PLANS		(Other)
(Other) Tempora	rily Abandon	X	(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.) proposed work. I nent to this work.)

Production from this well has declined to less than 1 BOPD. We propose to T.A. well by pulling tubing, capping well w/2000# WOG valve and hold well for waterflood study.



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4		Service Servic
18. I hereby certify that the foregoing is true and correct signed O. D. Markets	TITLE Dist.	Drlg. Supervisor DATE 2/26/73
(This space for Federal by State office use)	TITLE	DATE
FEB 22 1373		Conditions The residual states of the state

*See Instructions on Reverse Side