

**UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**N. M. O. C. C. COPY**  
SUBMIT IN TR  
(Other instruct  
verse 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" (B)

9. WELL NO.

44

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson

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

20-T17S-R31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well

2. NAME OF OPERATOR

ATLANTIC RICHFIELD COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 1920, Hobbs, New Mexico 88240

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

See also space 17 below.)  
At surface

2055' fr the West line and 660' fr the South line

14. PERMIT NO.

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

3684.21' DF

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) Converted to WIW

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.)\*

3-11-69 Ran 2-3/8"CD EUE tubing w/Tension Packer set @ 3077'. Preparing to inject water into Premier perforations 3161-3176', Russell-Turner Waterflood Area.

RECEIVED

MAR 13 1969

D. C. C.  
ARTESIA OFFICE

RECEIVED

MAR 13 1969

U. S. GEOLOGICAL SURVEY  
ARTESIA OFFICE

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

SIGNED

TITLE

Superintendent

DATE

March 13, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

Orig & 4cc: USGS, Artesia

cc: Southern Region (See Instructions on Reverse Side)

cc: file

MAR 13 1969  
R. L. BEEKMA