

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN "APPLICATION"
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-11124

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" (A)

9. WELL NO.

62

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

Sec. 29, T17S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

1980' FSL, 660' FEL (Unit Letter I)

14. PERMIT NO.

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

3749' Grd

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) ☐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.)*

MI & RU plg unit 1/31/70. Perforated 3540-53 w/2 JSPF (GR-N log). Treated perforations 3500-3553 w/total of 1000 gallons 15% LSTNE HCl acid. Ran production string consisting of bottom hole separator, SN & 112 jts 2-3/8" EUE 8R J-55 tbg = 3457', set @ 3457'. Ran pump & rods as pulled and returned well to production. Job complete 2/2/70.

RECEIVED

FEB 10 1970

O.C.C.
ARTESIA, OFFICE

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

SIGNED

A.D. Bratches

TITLE Dist. Drlg. Supervisor

DATE 2/4/70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD PURPOSES
FEB 9 - 1970

Date

ACTING District Engineer

*See Instructions on Reverse Side