Drawer DD

88210

CYSF Form Approved. Budget Bureau No. 42-R1424

UNITED STATES Artesia, NM

FOR

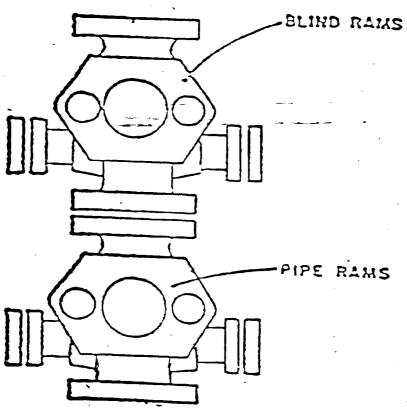
JAMES A. GILLHAM

DISTRICT SUPERVISOR

5. LEASE		
LC-029395		
6. IF INDIAN, AL	LOTTEE OR TRI	BE NAME VE

DEPARIMENT OF THE INTERIOR	LC-029395 (a)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME IVED
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 Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME JUL 1 5 1982
reservoir. Use Form 9-331-C for such proposals.)	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
1. oil gas other	Turner "A" ARTESIA, OFFICE
	9. WELL NO.
2. NAME OF OPERATOR ARCO Oil and Gas Company Division of Atlantic Richfield Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Grayburg Jackson QGSA
P. O. Box 1710, Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	18-17S-31E
AT SURFACE: 2200' FSL & 1760' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: - as above	Eddy New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3756' GR
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine Rig up, kill well, install BOP. Run GR-CBL. Run 7" RBP & pkr, set RBP @ 3000', spot 3 states. Cmt squeeze any csg leaks below TOC was a leak. Cmt squeeze any csg leaks above TOC. So to be determined. Perforate 7" csg above TOC & establish circ. Set cmt retr above perfs and circ cmt to sum of the complex comple	directionally drilled, give subsurface locations and ent to this work.)* or solon top. Set pkr & isolate csg w/amt & kind of cmt to be determined queeze cmt holes w/amt & kind of cmt & determine volume. rf. WOC.
Subsurface Safety Valve: Manu. and Type 18. I herebycertify that the foregoing is true and correct SIGNED Colored J. James Green Drlg. Ex	ngr. date <u>7/13/82</u>
APPROVED (This space for Federal or State of APPROVED SEL) FLIER W. CHESTER TITLE	ffice use)
CONDITIONS OF APPROVAL, IF ANY:	
510) 1 4 1982	1000

*See Instructions on Reverse Side



ARCO Oil & Gas Company
Division of Atlantic Richfield Company
Blow Out Preventer Program

Lease Name_	Turner "A"
Well No.	3
Location_	2200' FSL & 1760' FWL
	18-17S-31E, Eddy County

BOP to be tested when installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.