

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drainage
Artesia, NM 88210

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.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR ARCO Oil and Gas Company
Div. of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL & 1980' FEL (Unit Ltr J)
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH: as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
Shut-in

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.)*

Well shut in 8/09/85, holding for engineering evaluation.

APPROVED FOR 12 MONTH PERIOD

ENDING

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED D. L. Shackelford TITLE Engrg Tech Spec. DATE 8/8/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE 8-13-85

5. LEASE	LC 060409
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	RECEIVED BY
7. UNIT AGREEMENT NAME	AUG 15 1985
8. FARM OR LEASE NAME	O. C. D.
Friess Federal	ARTESIA, OFFICE
9. WELL NO.	3
10. FIELD OR WILDCAT NAME	Grayburg Jackson (QGSA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	19-17S-31E
12. COUNTY OR PARISH	Eddy
13. STATE	N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	3610' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)