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UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

AUG 16 1985

O.C.D.
ARTESIA OFFICE

SUNDY 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 ☒ gas ☐ other ☐
well well
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: 2310' FNL & 1650' FWL (Unit lettr F)
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:

SUBSEQUENT REPORT OF:

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

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE

LC 029395(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "A"

9. WELL NO.

22

10. FIELD OR WILDCAT NAME

Fren Seven Rivers

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

Sec 19-17S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3646' GR

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

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.)*

1. RU, rem surf valve, inst BOP.
2. RIH w/CIBP, set @ approx 1800'.
3. Load csg w/corrosion inhibited water.
4. Press test csg to 500# for 15 mins.
5. Rem BOP, inst surf valve.
6. TA & hold for future waterflood development.

APPROVED FOR 12 MONTH PERIOD

ENDING

8/15/86

Upon completion of satisfactory well test

Field Inspector to be called prior to all casing tests.

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED

Q.L. Shackelford

TITLE Engrg Tech. Spec.

DATE

8/13/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: