

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

C/SF

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 ☐ gas ☐ other ☐ WIW

2. NAME OF OPERATOR ARCO Oil & Gas Company  
Division of Atlantic Richfield

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: 660' FSL & 710' FEL  
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)		

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.)\*

Rig up, install BOP, POH w/injection assy. CO to 3248' PBD. Run GR-CCL. Perforate 7" csg @ 3044-52' w/l JSPF = 9 holes. Set BP @ 3190', pkr @ 3000'. Acidize w/10,400 gals 15% HCL, 500 gals gelled brine & 500# rock salt, flush w/1,000 gals 2% KCL. POH w/pkr & BP. Re-set pkr @ 3190'. Acidize OH section 3194-3248' w/ 5,400 gals 15% HCL acid & flush w/1000 gals 2% KCL wtr. POH w/pkr. RIH w/injection assy & return to injection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED James W. Schindler TITLE Dist. Drlg. Supt DATE 4-16-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE

LC-031844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fren Oil Co.

9. WELL NO.

13

O. C. D.  
ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

Gravburg Jackson

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

19-17S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

14. API NO.

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

3594' GR

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