

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ 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:

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

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC-031844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME **APR 28 1982**

8. FARM OR LEASE NAME **O. C. D.**
Fren Oil Co.

9. WELL NO. **ARTESIA OFFICE**
13

10. FIELD OR WILDCAT NAME
Grayburg Jackson

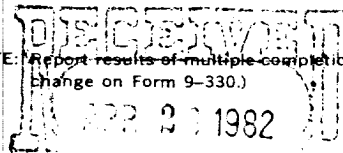
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

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.)



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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 Peter W. Chester TITLE Dist. Drlg. Supt DATE 4-16-82

APPROVED

(This space for Federal or State office use)

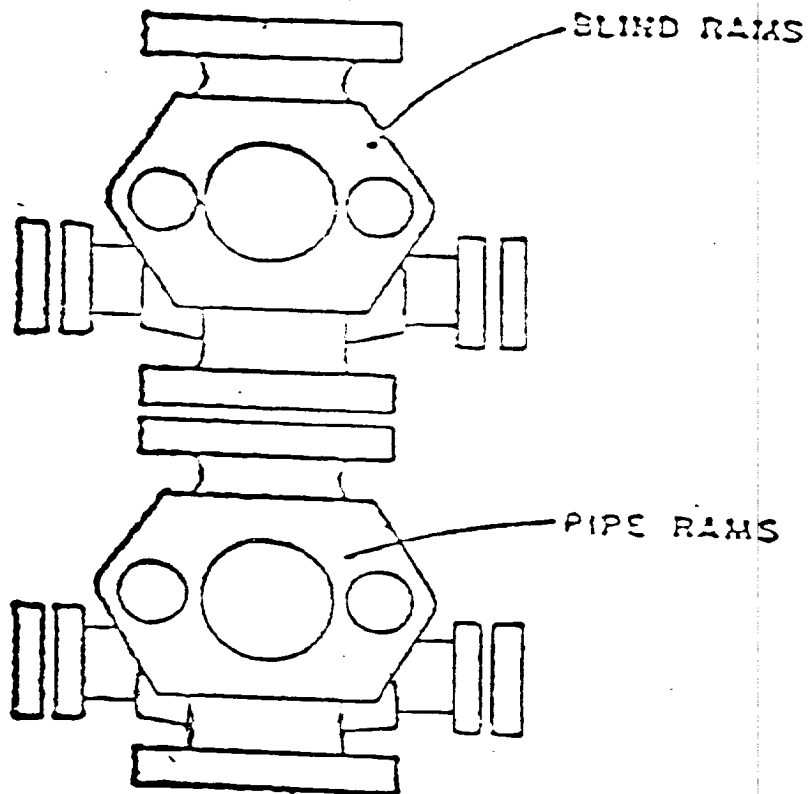
APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 27 1982

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR* See Instructions on Reverse Side



ARCO Oil & Gas Company

Division of Atlantic Richfield Company

Blow Out Preventer Program

Lease Name Fren Oil Co.

Well No. 13

Location 660' FSL & 710' FEL

Sec. 19-17S-31E, Eddy County, N. M.

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.

WES
4/16/82