

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 Temporarily Abandoned

2. NAME OF OPERATOR ARCO Oil and Gas Company
Division 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: 330' FSL & 1980' FWL (Letter N)
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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 type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input checked="" 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)			

5. LEASE

LC-029395-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED BY

8. FARM OR LEASE NAME

Turner "B"

DEC 01 1983

9. WELL NO.

65

G. C. D.

10. FIELD OR WILDCAT NAME

Cedar Lake Abo

ARTESIA OFFICE

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

20-17S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

3676' GR

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

BUR. OF LAND MGMT
ROSVELL DISTRICT

NOV 21 11 55 AM '83

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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.)*

MIRU PU, NU BOP. RIH w/bit & scraper. CO to 6963'. Circ CLN w/inhibited pkr fluid. Run csg inspection log & CBL. Perf 4 1/2" csg, circ cmt to surf, and squeeze wtr flow. DO and test squeeze. Resqueeze if necessary. Circ inhibited pkr fluid from squeeze holes to surface. Run 1 jt 2-3/8" tbg. Re-install wellhead. Leave well TA'd.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Roland P. Lawrence Title Drlg. Engr.

DATE 11/18/83

APPROVED

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

DATE

NOV 30 1983