COMS. COMMISSION

Form Approved. Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE LC-029426-(b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME 2 1982
1. oil gas other 2. NAME OF OPERATOR ARCO Oil and Gas Company	H. E. West "B" 9. WELL NO. 22-Y ARTESIA, OFFICE 10. FIELD OR WILDCAT NAME
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	Grayburg Jackson QGSA 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-17S-31E
below.) AT SURFACE: 660' FSL & 1990' FEL AT TOP PROD. INTERVAL: as above AT TOTAL DEPTH: as above	12. COUNTY OR PARISH 13. STATE Eddy New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3871' DF
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* (other) SUBSEQUENT REPORT OF: MAY 10 COLL 8: U.S. GEOLOGIA ROSWELL, NE	CALSURVEY

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.)*

RU on 4/28/82, installed BOP. RIH w/2-7/8" tbg to CIBP @ 3447'. Displaced csg w/10# salt gel. Spot 20 sx Cl C cmt 3447-3247'. Pull tbg up hole to 700'. Spot 20 sx Cl C cmt inside $5\frac{1}{2}$ " csg 700'-500'. Spot 150' CL C cmt inside $5\frac{1}{2}$ " csg @ surface. Cut off wellhead. Installed regulation dry hole marker. Clean and level location for abandonment. P&A eff: 4/28/82. Final Report.

Set @ ____ Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct TITLE Dist. Drlg. Supt. DATE 5/4/82 SIGNED VED (This space for Federal or State office use) APPROVED BYONG. Sed DETER W. CHESTER NOV 3 0 1982 FOR JAMES A. GILLHAM . See Instructions on Reverse Side DISTRICT SUPERVISOR