

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 ☐ P&A
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: 990' FSL & 2310' 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 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 checked="" type="checkbox"/> |
| (other) <input type="checkbox"/>              | <input type="checkbox"/>            |

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.)\*

On 6/22/82 cut off surf plate and dry hole marker. Set 10 sx cmt plug @ surface. Welded plate and dry hole marker back on. Well P&A eff 6/22/82. Mr. John Wade, USGS was notified of final plugging and approved of plugging procedure. Final Report.

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

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

SIGNED Elizabeth L. Bush TITLE Drlg. Engr. DATE 6/24/82

APPROVED (This space for Federal or State office use)  
(Orig. Sgd.) PETER W. CHESTER  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**MAR 1 1983**  
FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

See Instructions on Reverse Side

5. LEASE  
NM-0673
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME **RECEIVED**  
Walt Canyon Unit
8. FARM OR LEASE NAME  
Walt Canyon Unit **MAR 02 1983**
9. WELL NO.  
1 O. C. D.
10. FIELD OR WILDCAT NAME **ARTESIA, OFFICE**  
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
3-22S-24E
12. COUNTY OR PARISH **Eddy** 13. STATE **New Mexico**
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3953' KDB

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