

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
2. NAME OF OPERATOR ARCO Oil & Gas Company
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR Suite 501
1860 Lincoln St., Denver, Colo 80295
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 950' FNL & 1840' FWL Sec. 5
AT TOP PROD. INTERVAL: (NE NW) (Unit C)
AT TOTAL DEPTH:

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 type="checkbox"/>
(other) N.O. Spud & Set Surface Casing		

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.)*

MI RURT

Spudded 8:30 a.m. 7-20-79. Drilled 12-1/4" hole to 330'. Ran 8 jts (353.82') 8-5/8" OD, 24#, K-55, ST&C casing. Set @324.94 RKB. Cemented with 300 sks Class "D", 2% CaCl₂, 1/4#/sk FloSeal. Displaced with 20 bbls H₂O, cir 12 bbls cement to surface. Job complete @ 10:00 p.m. 7-20-79. Tested blind and pipe rams to 1000# for 30 minutes each. Held OK.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED W.A. Walther, Jr. TITLE Operations Manager DATE 9-10-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

5. LEASE
Joint Venture
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
- - -
8. FARM OR LEASE NAME
Jicarilla Apache JV 5
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Chacon - Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
5-23N-3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-22012
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7242' GL ; 7253' KB

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

SEP 12 1979