

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 and Gas Company
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR Suite 501 Lincoln Tower
1860 Lincoln Street, Denver, Colorado 80295

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2150' FSL & 1600' FWL (NE SW)
AT TOP PROD. INTERVAL: Unit K
AT TOTAL DEPTH: Approx. the 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 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 and setting 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.)*

MIRU. Spud 9:00 p.m. 10-2-79. Ran 9 jts. 8-5/8" 24#, K-55, ST&C (329') casing and landed @ 323' KB. Cemented with 300 sks Class "B", 2% CaCl, 1/4# flocele/sk. P.D. 6:00 a.m. 10-3-79. Tested blind rams and pipe rams to 1000# for 30 minutes, held OK.

Drilling ahead.

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 10-4-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE
Jicarilla Contract #111

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla

9. WELL NO.
108

10. FIELD OR WILDCAT NAME
W.Lindrith Gallup/Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
7-24N-4W

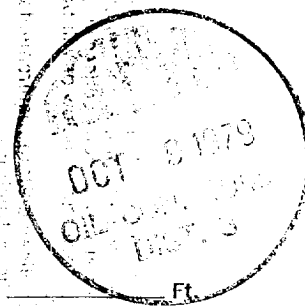
12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.
30-039-22104

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6742' GL

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



OCT 9 1979