

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 ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
P. O. Box 5540, Denver, Colorado 80217
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 650' FNL & 650' FEL (NE NE)
AT TOP PROD. INTERVAL: Unit A
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 ☐ ☐
- FRACTURE TREAT ☐ ☐
- SHOOT OR ACIDIZE ☐ ☐
- REPAIR WELL ☐ ☐
- PULL OR ALTER CASING ☐ ☐
- MULTIPLE COMPLETE ☐ ☐
- CHANGE ZONES ☐ ☐
- ABANDON* ☐ ☐
- (other) N.O. spud and 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.)*

MIRU. Spudded 12-1/4" hole @ 4:30 pm 2-14-80. Ran 8 jts 8-5/8", 24#, K-55, ST&C, Rge 3 (303.79') SG and 1 centralizer and landed @ 299' KB. Cemented with 300 sxs Class "B", 2% CaCl and 1/4# flocele/sx. Circulate 5 bbls slurry. PD @ midnight 2-14-80. Pressure tested pipe rams and blind rams - OK.

Drilling ahead @ 1670' 2-15-80.

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.
110
10. FIELD OR WILDCAT NAME
W. Lindrith-Gallup/Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
6-24N-4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-22155
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6802' GR

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

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED W. A. Walther, Jr. TITLE Manager DATE 2-19-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS ACCEPTED FOR RECORD

FEB 26 '80

District
BY Chas

*See Instructions on Reverse Side



Ft.