## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	SF	07	8673				
6.	IF INDIA	۹N,	ALLOT	TEE	OR	TRIBE	NAME
						•	

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

1E

10. FIELD OR WILDCAT NAME

Basin Dakota

Schlosser WN Federal

5. LEASE

9. WELL NO.

CHAIDDY	MOTICES	AND	REPORTS	ΩN	WELLS
CHNIDAA	NULLES	ANI	REPURIS	UN	MACTES

(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 well other

  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
- LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
   AT SURFACE: 1795' FSL & 1575' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

Approx the same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

10-27N-11W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

14. API NO.

30-045-24277

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6232

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE

CHANGE ZONES ABANDON\*

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

(other) N.O. perf, frac & acidize

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

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 & RU Completion Unit. Ran CBL. Spotted 100 gals 15% HCL @ 6615'. Perf'd Dakota @ 6563',65,67,69,71,73,76,78,82,95,97,6602,04,09,11' - 15 shots. Trt'd with 1000 gals 15% HCL & 30 ball sealers. Frac'd 6563'-6611' with 31,000 gals 2% KCL wtr & 118,000# 20/40 mesh sand with 5,000 gals pad & 4,300 gals flush.

SUBSEQUENT REPORT OF:

Subsurface Safety Valve: Manu. and Type

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

SIGNED W. A. Walther, Jr. TITLE Operations Managerpare

7 DISPOS

TITLE

(This space for Federal or State office use)

Alazona

NMOCO

\*See Instructions on Reverse Side

(-- ric)