

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  
P. O. Box 5540, Denver, Colorado 80217

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1660' FNL & 1520' FWL  
AT TOP PROD. INTERVAL:  
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. perf, frac & acidize	<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.)\*

MI & RU Completion Unit. Spot 1000 gals 15% HCL with additives @ 6317'. Perf'd Dakota @ 6279', 82, 85, 88, 91, 94, 97, 6300, 03, 06, 09, 12, 15, 17' - 14 holes. Displ 1000 gals 15% HCL. Spotted 100 gals 15% HCL @ 6230'. Perf'd Graneros @ 6193', 95, 97, 99, 6201, 03, 09, 11, 27, 29' - 10 holes. Treated with 1500 gals 15% HCL. Frac'd 6317' - 6193' with 80,000 gals 2% KCL water, 305,000# 20/40 mesh sand, 15,000 gals pad & 4,000 gals flush.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE  
SF 078673

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
Schlosser WN Federal

9. WELL NO.  
8E

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
27-28N-11W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. API NO.  
30-045-24119

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5734' GL

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

