

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: 985' FSL & 1530' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Approx the same

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

5. LEASE
SF 078673

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schlosser WN Federal

9. WELL NO.
3E

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 | 13. STATE
San Juan | New Mexico

14. API NO.
30-045-24120

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5651' GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

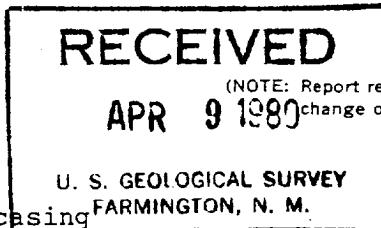
PULL OR ALTER CASING ☐

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. Spud 12-1/4" hole @ 10:00 pm 3-28-80. Drilled to 604' and ran 13 jts 8-5/8", 24#, K-55, 8rd, ST&C (589.23') casing and set @ 603' KB. Circl with mud 1/2 hour, 10 BW and cemented with 180 sxs Class "B", 4% gel, 2% CaCl, and 200 sxs Class "B" & 2% CaCl. Displ with 36 BW, full returns. Circl 100 sxs to surface. P.D. @ 1:50 pm 3-29-80.

Tested BOP to 1000# - held OK.

Drilling ahead @ 2272'.

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

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

SIGNED W. A. Walther TITLE Operations Manager DATE 4-3-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

APR 28 1980

FARMINGTON DISTRICT

BY CTB

