

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

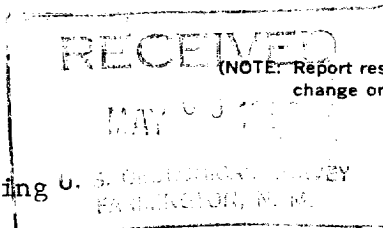
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☐
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: 1030' FSL & 1040' 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 NM-013688	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
7. UNIT AGREEMENT NAME ---	
8. FARM OR LEASE NAME Atlantic "A"	
9. WELL NO. 101	
10. FIELD OR WILDCAT NAME East Aztec	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-31N-10W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO. 30-045-25340	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6315' 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



(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 Arapahoe Rig #10. Spud 12 1/2" hole @ 6:30 pm 4-16-82. Drilled to 710'. RU & ran 16 jts 8-5/8" (718') 24#, K-55, 8rd, ST&C casing and set @ 709'. Circl 3/4 hr with mud and cemented with 525 sx Class "H" cement with 2% CaCl₂. Displaced with 43 BW. Full returns. PD @ 8:25 am 4-17-82. Test BOP to 800 psi 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 District Manager DATE 4-28-82
W.A. Walther, Jr. of Production
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD
MAY 25 1982
BY SM