

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: 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

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* REMEDIAL WORK | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) | <input type="checkbox"/> | <input type="checkbox"/> |

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 Basin Dak ✓
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

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

AUG 13 1982

U.S. GEOLOGICAL SURVEY
WASHINGTON, D.C.

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.)*

Pursuant to your letter of 7-26-82, we propose to do remedial work on this well as per the attached procedure.

after reviewing your letter of Aug 9, 1982 it is the decision of this office that the required remedial work be done.

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 of Production DATE 8-9-82

(This space for Federal or State office use)

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

APPROVED
AS AMENDED

AUG 17 1982
For JAMES F. SIMS
DISTRICT ENGINEER

NMOCC

WORKOVER PROCEDURE

ATLANTIC A #101

1. MIRU.
2. Kill well w/2% KCl wtr.
3. ND wellhead. NU BOP.
4. TOH w/2-3/8" tbg.
5. RIH w/retrievable BP. Set @ 1870 RKB (KB is 14' above GL). Place 1 sx sand on BP. Press tst BP to 1500 psi.
6. Perf 4 holes @ 1830'.
7. TIH w/RTTS pkr on 2-3/8" workstring and set @ 1680'.
8. Pmp into formation and establish injection rate and press. Attempt to establish circ.
9. Mix and pmp 200 sx Class H cmt, w/volume to extend into surf csg @ 709'. Reverse out excess cmt. Actual cmt volume to be determined based on injection rate and press.
10. WOC 8 hrs.
11. Clean out perfs to 1870'.
12. Press tst perfs to 150 psi. Hold for 15 minutes. This will result in 1000 psi @ 1830'. Do not exceed this press.
13. Retrieve BP if perfs tst OK.
14. TIH w/2-3/8" production tbg.
15. ND BOP. NU wellhead.
16. Swab well in.
17. MO completion rig.