

UNITED STATES
HOBBS, NEW MEXICO 88240
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 Plug & Abandon SWDW

2. NAME OF OPERATOR **ARCO Oil and Gas Company**
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1650' FSL & 990' FWL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: as above

5. LEASE
NM-082

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Disposal

7. MINERAL INTEREST NAME
Lynch Pool SWD System

8. FARM OR LEASE NAME
Ballard DE Federal

9. WELL NO.
6

10. FIELD OR WILDCAT NAME
Lynch Yates 7Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22-20S-34E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. API NO.
30-025-21346

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3664' GR

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

SUBSEQUENT REPORT OF:

RECEIVED

NOV 10 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

(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.)*

RU 2/28/80. Ran 2-3/8" tbg to 3423', set 100' plug Cl C cmt w/10# salt/sk. RIH w/cmt retr, set retr @ 3237', pmpd 50 sx Cl C cmt salt saturated. PO of retr, spot 561 sx Cl C cmt salt saturated 3237' to surf. Installed regulation dry hole marker, clean & leveled location to BLM stipulations. P&A eff 2/28/80. Final Report. ✓

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

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

SIGNED *Peter W. Chester* TITLE Dist. Drlg. Supt. DATE 3/3/80

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
DEC 1 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR *See Instructions on Reverse Side

Malama
dallas
AWA
on 11-5-98 in
file Ongard

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DEC 2 1982

O.C.D.
HOBBS OFFICE