

N.M.O.C.D. COPY

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ WIW- Dual

2. NAME OF OPERATOR ARCO Oil & Gas Company
Division of Atlantic Richfield Co. ✓

3. ADDRESS OF OPERATOR
Box 1710, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FSL & 1980' FWL
AT SURFACE:
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH: as above

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

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* ☐

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(other) Repair waterflow, test for possible return to a producing well.

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.)*

1. Rig up, install BOP, POH w/injection assy.
2. RIH w/CIBP, set @ approx 3445'. Spot 1 sk Cal seal on top.
3. RIH w/RBP, set @ approx 3000', spot 2 sx sd on top.
4. Run CBL from approx 2600' to surf.
5. Perforate @ TOC as indicated by log, break circ to surface.
6. RIH w/cmt retr, set above perms and circ Cl C cmt w/2% CaCl to surf.
7. DO cmt retr & cmt. Press test squeeze job.
8. Wash sd off BP & rec BP.
9. RIH w/tbg & rods. Test Metex perms 3374-84' & Square Lake perms 3413-21' & 3429-35'. Return well to producing status.

Blowout preventer program attached.

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

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

SIGNED Jerry W. Schmidt TITLE Dist. Dir. DATE 12/8/80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

If Metex and Square Lake zones are produced, 35' cmt. must be placed on top of CIBP @ 3445'.

*See Instructions on Reverse Side

5. LEASE
LC-029426 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED

8. FARM OR LEASE NAME
H. E. West "B"

DEC 19 1980

9. WELL NO.
23

O. C. D.

10. FIELD OR WILDCAT NAME ARTESIA, OFFICE
Grayburg Jackson SR-Q-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3-17S-31E

12. COUNTY OR PARISH Eddy
13. STATE N.M.

14. API NO.

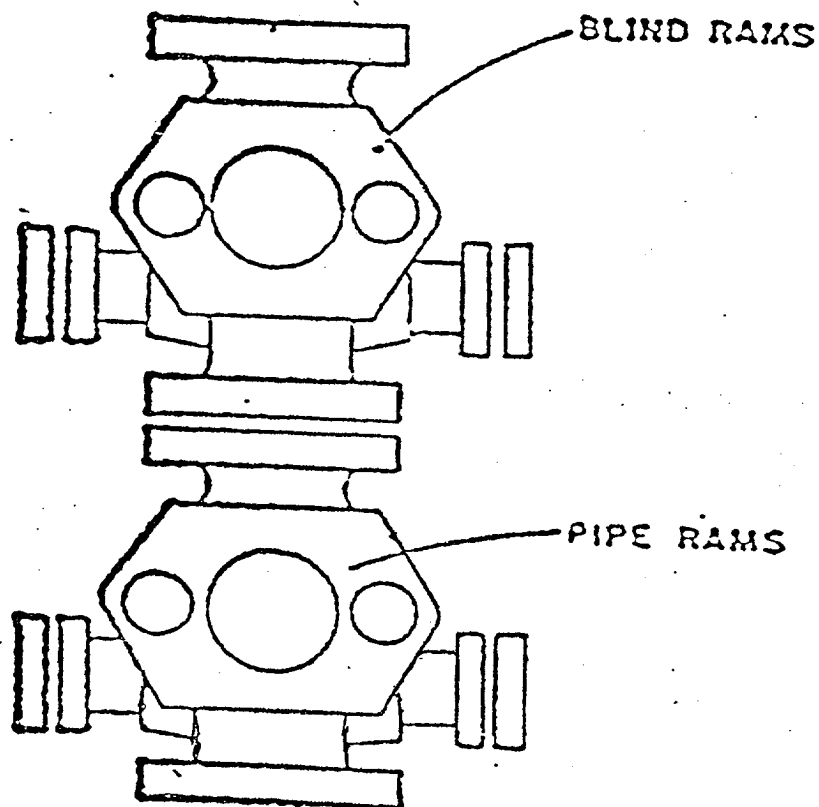
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3948' GL

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

APPROVED

DEC 17 1980

for DISTRICT SUPERVISOR



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name H. E. West "B"

Well No. 23

Location 1980' FSL & 1980' FWL
Sec 3-17S-31E, Eddy County

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.