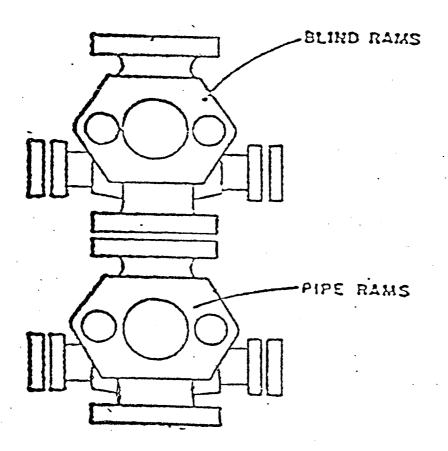
Form Approved. Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 **UNITED STATES** 5. LEASE LC-029435-a DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS Keel West Waterflood Project (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME DEC 5 1980 J.L. Keel "A" TA gas well L 9. WELL NO. other well O. C. D. 13 2. NAME OF OPERATOR ARCO Oil & Gas Co. Division of Atlantic Richfield 10. FIELD OR WILDCAT NAME ARTESIA, OFFICE Grayburg Jackson 3. ADDRESS OF OPERATOR P.O. Box 1710, Hobbs, NM 8824011. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 **AREA** 7-17S-31E 12. COUNTY OR PARISH 13. STATE AT SURFACE: 660' FNL & 1980' FEL as above AT TOP PROD. INTERVAL: New Mexico Eddy AT TOTAL DEPTH: as above 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3765' GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES U.S. GEOLUGICAL SURVEY ARTESIA, NEW MEXICO 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.)* This well has been shut-in since 8-10-77. Last production was 1 BOPD, 100 BWPD. Propose to abandon the Grayburg Jackson zone and recomplete to Fren Seven Rivers in the following manner: Rig up, install BOP, POH w/comp assy. Run bit & scraper, clean out to CIBP @ 1. 2795'. Run GR-CNL & GR-CCL-CBL logs. 2. Drill out CIBP @ 2795'. Dump C1 "C" cmt from 3501' TD to approx. 2025' bottom of Seven Rivers as determined from log. Blowout Preventer Program attached. Recompletion procedures to Seven Rivers zone reported separately on Form 9-331-C. _ Set @ . Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct TITLE Dist. Drlg. Supt DATE SIGNED (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side



ATIANTIC RICHFIELD COMPANY Blow Out Preventer Program

Leaso Name	J.L.Keel "A"	
Well No.	13	_
Location		

Sec.7,T17S,R31E,Eddy Co.,NM

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.