

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 & 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.)
AT SURFACE: 660' FSL & 660' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: as above

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:

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RECEIVED
OCT 20 1980

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

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

5. LEASE
LC-029395 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME RECEIVED
8. FARM OR LEASE NAME Turner "A" NOV 10 1980
9. WELL NO. 4 O. C. D.
10. FIELD OR WILDCAT NAME ARTESIA OFFICE
Grayburg Jackson (QGSA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-17S-31E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3760' GL

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.)*

Propose to plug and abandon in the following manner:

1. Set cmt retr @ +1380'. Cmt thru retr w/C1 C cmt cont'g 18% salt, 2% CaCl₂. Amt to squeeze csg leak @ interval 2112-2191'. Spot 100' cmt on top of retr.
2. Fill hole w/heavy gelled mud to approx 600'.
3. Set cmt retr @ +570'. Attempt to squeeze suspected holes in csg @ 589-91' w/C1 C cmt cont'g 5# salt/sk, 2% CaCl₂, pump in to max 1000# press. PO retr. Spot cmt 570' to surf. Cut off wellhead & csg below GL, install regulation dry hole marker, clean & level location for abandonment.

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

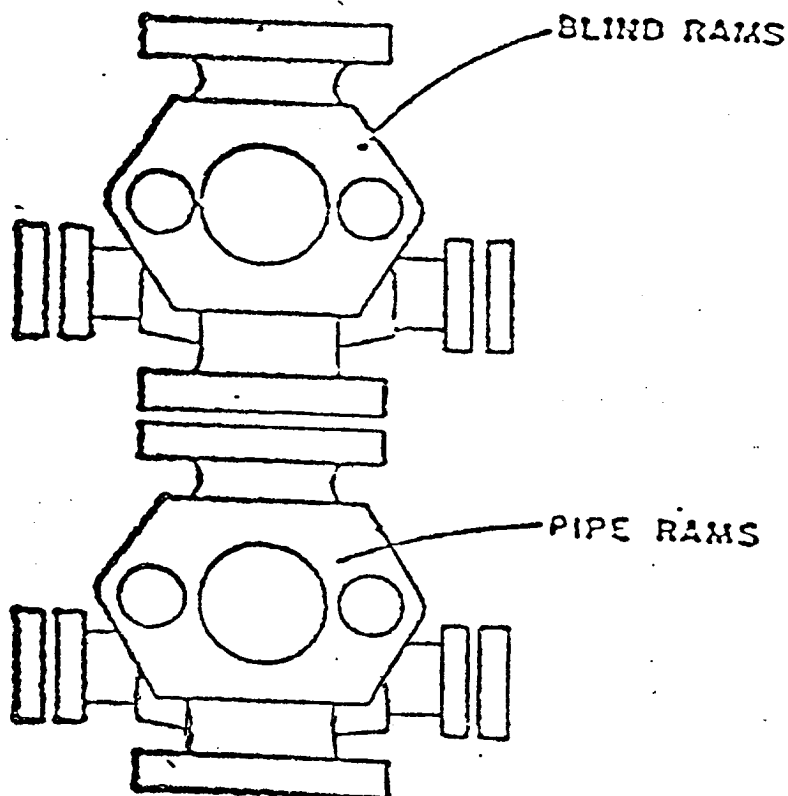
18. I hereby certify that the foregoing is true and correct

SIGNED Jerry W. Schmidt TITLE Dist. Drlg. Supt. DATE 10/17/80

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE ACTING DISTRICT ENGINEER
CONDITIONS OF APPROVAL, IF ANY:

NOV 4 1980



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Turner "A"

Well No. 4

Location 18-17S-31E

Lea County, N.M.

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.