Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY
MAR 13 1985
ARTESIA, OFFICE

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 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FSL & 2310' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-029395 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Turner "A"

9. WELL NO.
28

10. FIELD OR WILDCAT NAME
Fren Seven Rivers

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)
3691'

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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*	☐	☑
(other)		

(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 3/1/85. Ran 2-7/8" OD tbg & pkr, set pkr @ 1873' & established injection rate of 3 BPM @ 2000#. Found hole below wellhead. Repaired holes. Press tested csg to 500# OK. POH w/tbg & pkr. Set cmt retr @ 1850'. Cmt squeezed perfs 1903-1947' w/160 sx Cl H Neat. Spot 200' cmt plug on top of retr. Spotted 200' cmt plug 600-400'. Spotted 10 sx cmt plug @ surface. Cut off wellhead below GL. Installed regulation dry hole marker. P&A effective 3/2/85. Cleaned & levelled location. Final Report.

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

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

SIGNED [signature] TITLE Drlg. Engr. DATE 3/5/85

(This space for Federal or State office use)

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

Test ID-2
3-22-85
PHH

*See Instructions on Reverse Side