

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 well ☒ gas well ☐ other ☐ **ARTESIA, NEW MEXICO**
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.) 990' FSL & 355' FEL
AT SURFACE:
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:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-031844
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Fren Oil Company
9. WELL NO.
16
10. FIELD OR WILDCAT NAME
Cedar Lake Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
19-17S-31E
12. COUNTY OR PARISH
Eddy
13. STATE
NM.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4055' GR

(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.)*

1. Rig up, install BOP & POH w/compl assy.
2. Run temp survey & locate water flow.
3. RIH w/CIBP & pkr, set pkr @ various intervals, locate csg leak. POH w/pkr.
4. RIH w/cmt retr, set above csg leaks & cmt squeeze leaks w/amt cmt to be determined. Drill out cmt squeeze jobs and press test to 1000# for 30 mins.
5. Run 1 jt tbg, flange up wellhead, close 2" 2000# WOG valve, leave temporarily abandoned.

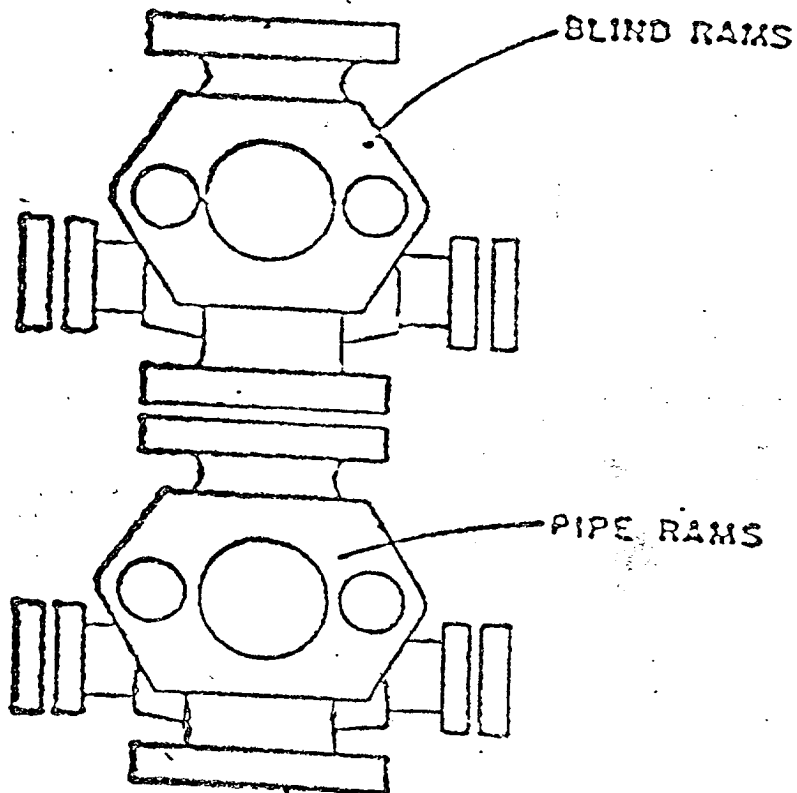
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 3/3/80

(This space for Federal or State office use)

APPROVED BY: [Signature] TITLE _____ DATE MAR 06 1980
CONDITIONS OF APPROVAL, IF ANY: _____



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Fren Oil Company

Well No. 16

Location 990' FSL & 355' FEL
Sec 19-17S-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.