

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

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

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' FEL
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Cement Sqz	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE

LC-060409

6. IF INDIAN. ALLOTTEE OR TRIBE NAME **RECEIVED**

7. UNIT AGREEMENT NAME

APR 30 1982

8. FARM OR LEASE NAME
Friess Federal

O. C. D.
ARTESIA, OFFICE

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Grayburg Jackson

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
19-17S-31E

12. COUNTY OR PARISH 13. STATE
Eddy N M

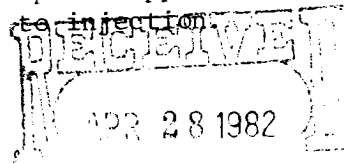
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3603' 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/comp assy. CO to 3122' PBD. Run temp survey.
2. Perf 5½" OD csg @ 2850-2900'. Set RBP @ 2930'.
3. Set cmt ret @ 2810', sqz cmt w/300 sx C1 C cmt contg 1% Fluid Loss additive. WOC.
4. DO cmt & cmt ret. Test sqz job. Rec RBP.
5. Set pkr @ 2965'. Acidize w/5000 gal 15% HCL acid & 3200 gal gel brine. Swab back & clean up.
6. POH w/pkr. RIH w/pkr & injection assy, set pkr @ approx 2890', load tbg/csg annulus w/corrosion inhibited wtr. Return to injection.



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

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

SIGNED Peter W. Schmidt TITLE Dist. Drlg. Supt. DATE 4/22/82

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 29 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side