

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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SUNDRY NOTICES AND REPORTS ON WELLS

O. C. (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.)
ARTESIA OFFICE1. Oil ☐ gas ☐ other ☐ Temporarily Abandoned2. NAME OF OPERATOR ARCO Oil and Gas Company
Div 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: 990' FNL & 1650' FWL (Unit C)

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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* Temporary ☐

(other)

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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.

24

10. FIELD OR WILDCAT NAME

Fren Seven Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 19-17S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3673' DF

(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 8/23/85. Inst BOP, RIH w/bit & csg scraper to 1848'. Set CIBP @ 1835', circ well w/90 bbls corrosion inhibited water. Pressure tested casing to 500#, pressure dropped to 460# in 15 mins, OK. Ran 1 jt 2-3/8" OD EUE tbgs, rem BOP, installed 2" gate valve. Well TA 8/23/85. Final Report.

APPROVED FOR JZ M. H. H. H. H.

DURING 9/1/86

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

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

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY A. L. Mackefford TITLE Engrg Tech Spec. DATE 8/29/85

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL

4-5-85