

9/5F

RECEIVED BY

AUG 16 1985

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

NEW OIL CONS. COMMISSION

Drawer DD
Albuquerque, NM 88210O.C.D.
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
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: 1980' FNL & 1980' FWL (Unit ltr F)

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) ☐

5. LEASE

LC 029395(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "B"

9. WELL NO.

16

10. FIELD OR WILDCAT NAME

Fren Seven Rivers

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

Sec 20-17S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

14. API NO.

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

3640' 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.)*

1. RU, rem surface valve, inst BOP. POH w/tbg.

2. RIH w/CIBP, set @ approx 1836'.

3. Load casing w/corrosion inhibited water.

4. Press test casing to 500# for 15 mins.

5. Rem BOP, inst surf valve.

6. TA & hold for future waterflood development.

APPROVED FOR 12 MONTH PERIOD

ENDING

8/15/86

Upon completion of satisfactory well test

Field Inspector will be called prior to all casing tests.

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED

D. L. Shackelford

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

Engrg Tech Spec.

DATE

8/15/85

CONDITIONS OF APPROVAL, IF ANY: