

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 ☐
2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
P. O. Box 5540, Denver, Colorado 80217
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1350' FSL & 1680' FEL
AT TOP PROD. INTERVAL: Approx the same
AT TOTAL DEPTH: Approx the same
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"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON	<input type="checkbox"/>
(other) N.O. perf, acidize and frac	<input type="checkbox"/>

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.)*

MI & RU Completion Unit. Ran CBL. Spot 200 gals 15% HCL @ 6520'.
Perf'd Dakota as follows: 6456', 54, 50, 48, 46, 42, 40, 38, 36, 32, 6514, 10,
08, 04, 02' - 15 holes. Pump 1200 gals 15% HCL with 1 ball sealer
per bbl. Frac'd perfs with 79,200 gals with 40#/1000 gals stratifrac
II gel containing 2% condensate and 259,000# 20/40 mesh sand.

Swabbed, flowed and completed.

5. LEASE
SF 078863

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Krause WN Federal

9. WELL NO.
7E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
32-28N-11W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

14. API NO.
30-045-24216

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6024' GL

NOTE: Report results of multiple completion or change in Form 9-330.

Subsurface Safety Valve: Manu. and Type

ACCEPTED FOR RECORD
Set @ Ft.

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE

(This space for Federal or State office use)

APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

APR 20 1981
4-6-81
FARMINGTON DISTRICT
BY RB

NMOCC