

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: 1025' FSL & 975' FEL  
AT TOP PROD. INTERVAL:  
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"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input 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) NO setting prod csg.	

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.)\*

Drld to 6360' & logged. Ran 150 jts (6367.66') 4-1/2" csg, 10.5#, J-55 w/GS, FC & DV tool & set @ 6359'. Cmtd 1st stage w/315 sx 65/35 poz mix w/14% gel & 12-1/2# gilsonite/sx foll by 290 sx 50/50 poz mix w/2% gel & 3/4% CFR-2 foll by 50 sx reg cmt w/2% CaCl. PD @ 7:30 pm 8/30/80. Cmtd 2nd stage w/500 gals mud flush & 300 sx 65/35 poz mix, 14% gel & 12-1/2# gilsonite/sx. Closed tool @ 12:00 midnite 8/30/80.

Released rig @ 2:00 am 8/31/80.

WO completion.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE September 18, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: