

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 ☐
well 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: 1190' FSL & 215' FWL Unit M
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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

N.O. SETTING PRODUCTION CASING ☐
(other)

SUBSEQUENT REPORT OF:

RECEIVED

JUN 11 1983

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone
change on Form 9-330)

RECEIVED

JUN 15 1983

OIL CON. DIV.
DIST. 3

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.)*

Finished drilling to TD 1350'. Logged. RU & ran 23 jts (1393.82')
5-1/2", 14#, K-55, STC, 8rd casing and landed @ 1350' GL with FC @
1305.3'. Cemented as follows: pump 20 bbls mud sweep (4 stage) and
follow with 85 sx Class "B" + 12-1/2#/sx gilsonite + 6% gel + 0.6% D-30
(30 bbls) @ 12.9 ppg with 166.6 cu.ft. @ 1.96 cu.f.t/sx. Follow with
tail 125 sx Class "B" + 2% CaCl₂ + 1/4#/sx flocele (26 bbls) 15.6 ppg
@ 146.25 cu.ft. @ 1.17 cu.ft./sx. Recovered all 20 bbls mud flush and
9 bbls lead cement slurry @ surface. Full returns throughout job.
Bumped plug @ 1500 psi - float held OK. Cut off casing.
Released rig @ 9:45 am 6-7-83.
Waiting on 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 6-9-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 11 1983

*See Instructions on Reverse Side

NMOCC