COPY TO O. C. C.

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 [X] gas well [ ] other

2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
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:
AT TOTAL DEPTH:

5. LEASE
NM-052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mescalero Ridge Unit 35

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Pearl Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-19S-34E

12. COUNTY OR PARISH: Lea
13. STATE: N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3710' GR

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	[ ]	[X]
REPAIR WELL	[ ]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]
(other)		

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

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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 4/27/79. Perf'd w/1 JSPF @ 4741, 43, 4938, 48, 71, 75, 99, 5004, 11, 15, 5058'. Treated perfs 4741-5058' w/25 bbls NE wtr, 20 bbls w/Hib S-234, 55 gals 15% NE-HCL w/200# CaCl, 2500 gals 15% NE-HCL, 750# block, 25 bbls NE wtr, 20 bbls w/1½ bbl Hib S-234 wtr, 55 gals 15% NE-HCL w/200# CaCl, 2500 gals 15% NE-HCL. Flushed w/46 BFW. On 24 hr test 12/28/79 pmpd 8 BO & 25 BW, 14-38" spm. Final Report.

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

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

SIGNED [signature] TITLE Dist. Drlg. Supt. DATE 1/7/80

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
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*See Instructions on Reverse Side

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OIL CONSERVATION DIV