

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP. ATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 029426 (b)	
2. NAME OF OPERATOR Atlantic Richfield Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1710, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660' FNL & 660' FEL (Unit letter D)		8. FARM OR LEASE NAME H. E. West "B"	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3882' GR		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson (QCSA)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-17S-31E	
		12. COUNTY OR PARISH Eddy	13. STATE N.M.

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐Abandon Grbg Jackson QCSA zone ☒ only(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

## 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. Rigged up on 5/19/76, installed BOP.
2. Cut 2-3/8" OD EUE tbg @ 3115' & POH w/tbg. Left pkr in hole.
3. RIH w/7" cmt retr on tbg & set retr @ 3029'.
4. Pumped 200 sx Cl C cmt thru retr. Max & final squeeze pressure 3800#. Picked tbg up to 2907'. Rev out 50 sx cmt. Left 122' cmt on top of retr.
5. RIH w/2-7/8" tbg OE to 2900', spotted 20 bbls mud 2900-2500'. Pld tbg up hole to 2500'. Spotted 25 sx Cl C cmt plug 2500-2350'. Rev out 2 sx cmt. New PBTD 2350'. WOC. Pressure tested csg to 1000# for 30 mins, tested OK.

Note: Recompletion to Seven Rivers zone submitted on Form 9-331C.

RECEIVED

JUN 8 1976

O. C. C.

ARTESIA, OFFICE

RECEIVED

JUN - 4 1976

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Dist. Drlg. Supv.

DATE 6/3/76

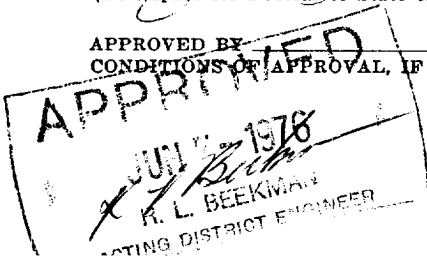
(This space for Federal or State office use)

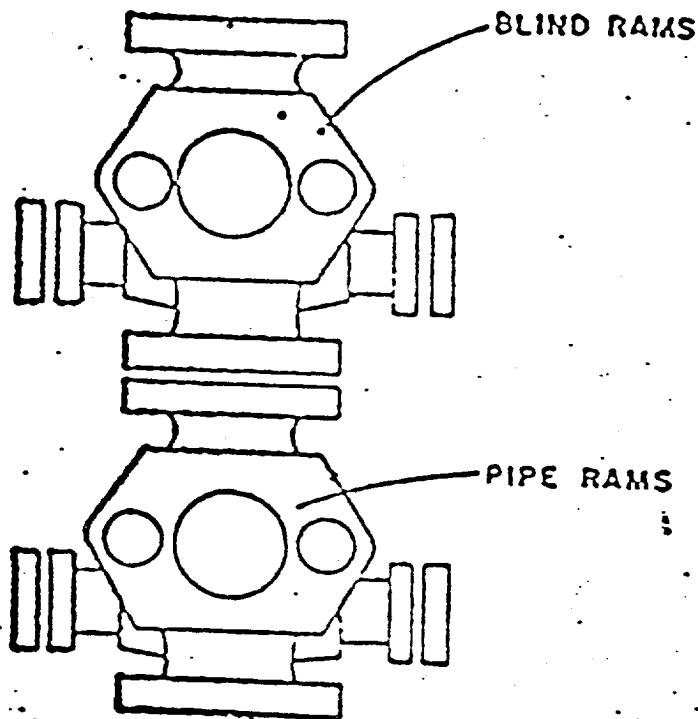
APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side





ATLANTIC RICHFIELD COMPANY  
Blow Out Preventer Program

Lease Name H. E. West "B"

Well No. 8

Location 660' FNL & 660' FEL  
Sec 9-17S-31E, Eddy County

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate **RECEIVED** manner.

JUN 4 1976

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