Dec. 1973       End 011 CODS. 5021153103       Budget Bureau No. 42-R1424         SCEIVED BY       UNILED STATES: WEY       5. LEASE         DEPARTMENT OF THE ANTERIOR GEOLOGICAL SURVEY       5. LEASE         O. C. DSUNDRY       NOTICES AND REPORTS ON WELLS       6. IF INDIAN, ALLOTTER ON THE ANAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. oil       gas       0. ther       7. UNIT AGREEMENT NAME         I. ool       gas       0. ther       7. UNIT AGREEMENT NAME         I. ool       gas       0. Soc Transmert       8. GREEMENT NAME         I. ool       gas       0. Soc Transmert       8. GREEMENT NAME         I. ool       Gas       Soc Transmert       8. Soc Tarns	1.5
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RTESIA. GPHeterul the form for proposals to drill or to deepen or plug back to a different well       8. FARM OR LEASE NAME Turner "A"         1. oil well       gas well       other         2. NAME OF OPERATOR       ARCO 011 and Gas Company Div of Atlantic Richfield Company       10. Field OR WilloCAT NAME Fren Seven "Rivers         3. ADDRESS OF OPERATOR       P. O. Box 1710, Hobbs, N.M. 88240       11. SEC, T. R. M. OR BLK AND SURVEY OR AREA         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)       Sec 18-175-31E         7. SURFACE:       330' FSL & 1398' FWL (Unit 1tr N) AT TOP ROD. INTERVAL: as above       12. COUNTY OR PARISH 13. STATE Eddy         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       II. SEC, T. R. M. OR BLK. AND SURVEY OR AREA         SHOOT OR ACIDIZE       II. SEC, T. R. M., OR BLK. AND SURVEY OR AT TOTAL DEPTH: as above         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       II. SEC, T. R. M., OR BLK. AND WD) 3750' DF         8. FARM WELL       II. SEC, T. R. M., OR BLK. AND WD) 3750' DF       II. SEC, T. R. M., OR BLK. AND WD)         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 suburface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent d	
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weil       other         2. NAME OF OPERATOR       ARCO 011 and Gas Company         Div of Atlantic Richfield Company       27         3. ADDRESS OF OPERATOR       Free Seven-Rivers         P. O. Box 1710, Hobbs, N.M. 88240       10. FIELD OR WILDCAT NAME         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)       AT SURFACE: 330' FSL & 1398' FWL (Unit 1tr N)         AT TOP PROD. INTERVAL: as above       11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA         AT TOP PROD. INTERVAL: as above       12. COUNTY OR PARISH 13. STATE         Eddy       N.M.         AT TOP APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       14. API NO.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, RDB, AND WD)         3750' DF       TEST WATER SHUT-OFF       15. ELEVATIONS (SHOW DF, RDB, AND WD)         3750' DF       CHANGE ZONES       16. CHECK APPROVAL TO: SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       16. CHECK APPROVAL TO: SUBSEQUENT REPORT OF:       15. ELEVATIONS (SHOW DF, RDB, AND WD)         3750' DF       CHANGE ZONES       16. CHECK APPROPRIATE BOS TO INDICATE NATURE OF NOTICE, REPAR WELL       16. CHECK APPROVAL TO:         PULL OR ALTER CASING       16. CHECK APPROPRIATE BOS TO INDICATE NATURE OF NOTICE, REPAR WELL       17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent	
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Div of Atlantic Richfield Company       10. FIELD OR WILDCAT NAME         3. ADDRESS OF OPERATOR       P. O. Box 1710, Hobbs, N.M. 88240       11. SEC., T., R.M., OR BLK. AND SURVEY OR         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)       11. SEC., T., R. M., OR BLK. AND SURVEY OR         AT SURFACE:       330' FSL & 1398' FWL (Unit 1tr N)       12. COUNTY OR PARISH 13. STATE         AT TOP PROD. INTERVAL:       as above       12. COUNTY OR PARISH 13. STATE         AT TOTAL DEPTH:       as above       14. API NO.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       14. API NO.         16. CHECK APPROPRIATE BOX TO:       SUBSEQUENT REPORT OF:       15. ELEVATIONS (SHOW DF, KDB, AND WD)         3750' DF       Image: Showe I	
3. ADDRESS OF OPERATOR       Frem Seven Rivers         P. O. Box 1710, Hobbs, N.M. 88240       Frem Seven Rivers         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)       Sec 18-175-3HE         AT SURFACE: 330' FSL & 1398' FWL (Unit ltr N)       Sec 18-175-3HE         AT TOP PROD. INTERVAL: as above       Sec 18-175-3HE         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       REPORT, OR OTHER DATA         16. CHECK APPROPAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       Image: State	
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PULL OR ALTER CASING       □       □       change on Form 9-330.)         MULTIPLE COMPLETE       □       □       change on Form 9-330.)         MULTIPLE COMPLETE       □       □       □         CHANGE ZONES       □       □       □         ABANDON* Temporary ⊠       □       □       □         (other)       □       □       □         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. RU, rem surf valve, inst BOP, POH w/tbg.       □         2. RIH w/CIBP, set @ approx. 1875'.       □         3. Load csg w/corrosion inhibited water,       □         4. Press test to 500# for 15 mins.       FNDING ∑/5/86	
<ul> <li>MULTIPLE COMPLETE</li> <li>CHANGE ZONES</li> <li>ABANDON* Temporary X</li> <li>(other)</li> <li>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.)*</li> <li>1. RU, rem surf valve, inst BOP, POH w/tbg.</li> <li>2. RIH w/CIBP, set @ approx. 1875'.</li> <li>3. Load csg w/corrosion inhibited water,</li> <li>4. Press test to 500# for 15 mins.</li> </ul>	
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Subsurface Safety Valve: Manu. and Type Ft.	
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18. I hereby certify that the foregoing is true and correct	
SIGNED Machilgern TITLE Engrg Tech Spec. DATE 8/13/85	
(This space for Federal or State office use)	
APPROVED BY TITLE DATE	
CONDITIONS OF APPROVAL, IF ANY:	

\*See Instructions on Reverse Side