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## 5. LEASE

| ronn Approves. |        |            |  |
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| Budget         | Bureau | No.:42-R14 |  |
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| DEPARTMENT OF | THE   | INTERIOR |
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| DEPARTMENT OF THE INTERIOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LC-028775- <b>/6</b> 5 The Land St.                                                                                                                                                                                           |  |
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| GEOLOGICAL SURVEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                                                                                                                                                          |  |
| 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.)                                                                                                                                                                                                                                                                                                                                                                | 7. UNIT AGREEMENT NAME RECEIVED BY                                                                                                                                                                                            |  |
| 1. oil gas 🔞                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8. FARM OR LEASE NAME NOV 13 1984  Jackson Feder 1                                                                                                                                                                            |  |
| 2. NAME OF OPERATOR ARCO Oil and Gas Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9. WELL NO. O. C. O. ARTESIA. OPPICE                                                                                                                                                                                          |  |
| Division of Atlantic Richfield Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10. FIELD OR WILDCAT NAME                                                                                                                                                                                                     |  |
| 3. ADDRESS OF OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Wildcat - Morrison                                                                                                                                                                                                            |  |
| P. O. Box 1710, Hobbs, New Mexico 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA                                                                                                                                                                              |  |
| below.) AT SURFACE: 660' FNL & 2310' FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 35-17S-29E                                                                                                                                                                                                                    |  |
| AT TOP PROD. INTERVAL: as above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12. COUNTY OR PARISH 13. STATE                                                                                                                                                                                                |  |
| AT TOTAL DEPTH: as above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Eddy New Mexico                                                                                                                                                                                                               |  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 30-015-25026                                                                                                                                                                                                                  |  |
| REPORT, OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 15. ELEVATIONS (SHOW DF, KDB, AND WD)                                                                                                                                                                                         |  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3548.8' GR                                                                                                                                                                                                                    |  |
| SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  ABANDON*  (other)  Set Intermediate Csg &  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent  Finished drlg 11" hole to 3224' @ 12:30 AM 10/28 set @ 3224'. FC set @ 3143'. Cmtd 8-5/8" OD cs 200 sx C1 H cont'g 2% CaC12. Circ 210 sx cmt to 45 hrs. Pressure tested csg to 2300# for 30 min | all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and to this work.)*  3/84. RIH w/8-5/8" OD 28# S-80 cs; gg w/2400 sx Dowell Lite followed of pit. PD @ 1:30 PM 10/28/84. Work |  |
| 11:00 AM 10/30/84.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                               |  |
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| Subsurface Safety Valve: Manu. and Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Set @ Ft.                                                                                                                                                                                                                     |  |
| 18. I hereby certify that the foregoing is true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Set @ Ft.                                                                                                                                                                                                                     |  |
| 81                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                               |  |
| - ACLERICATION OF THE STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE11/1/84                                                                                                                                                                                                                   |  |
| (This space for Federal or State offic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e use)                                                                                                                                                                                                                        |  |
| CONDITIONS OF APPROVALIMANY: O 1984                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE                                                                                                                                                                                                                          |  |
| C S C S S S S S S S S S S S S S S S S S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                               |  |

OCT 26 1984

Form Approved. Budget Bureau No. 42-R1424

UNITED STATE DEPARTMENT OF THE INTERIORESIA, OFFICE

O. C. D.

LEASE LC-028775-B

| GEOLOGICAL SURVEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                                                                                                      |  |
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| 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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME                                                                                                                             |  |
| <ol> <li>oil well  other</li> <li>NAME OF OPERATOR ARCO Oil and Gas Company Division of Atlantic Richfield Company</li> <li>ADDRESS OF OPERATOR         <ul> <li>P. O. Box 1710, Hobbs, New Mexico 88240</li> </ul> </li> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)         <ul> <li>AT SURFACE: 660' FNL &amp; 2310' FWL</li> </ul> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Jackson Federal  9. WELL NO.  1  10. FIELD OR WILDCAT NAME Wildcat - Johnson  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-17S-29E  12. COUNTY OR PARISH 13. STATE |  |
| AT TOP PROD. INTERVAL: as above AT TOTAL DEPTH: as above  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Eddy New Mexico  14. API NO.  30-015-25026  15. ELEVATIONS (SHOW DF, KDB, AND WD)                                                                                         |  |
| REQUEST FOR APPROVAL TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)  SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF:  SUBSEQUENT REPORT OF:  CHANGE OF COMMETTE OF COMMET OF COMMETTE O | (NOTE: Report results of multiple completion or zone change on Form 9-330.)  t & cmtd Surf Csg.                                                                           |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e all pertinent details, and give pertinent dates.                                                                                                                        |  |
| 10/16/84 set 30' of 20" conductor pipe & cmtd w 17½" hole @ 12:01 AM 10/19/84. Finished drlg 1 RIH w/13-3/8" OD 54.5# J-55 csg, set @ 376'. F Lite followed by 250 sx C1 H cont'g 2% CaCl <sub>2</sub> . 10/19/84. WOC 31 hrs. Commenced drlg 11" hole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | $7\frac{1}{2}$ " hole to 376' @ 2:00 PM 10/19/84. C set @ 334'. Cmtd w/400 sx HOWCO Circ 200 sx cmt to surf. PD @ 9:00 P                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                           |  |
| Subsurface Safety Valve: Manu. and Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Set @ Ft.                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · DATE 10/22/84                                                                                                                                                           |  |

TRICO (This space for Federal or State office use)