Form 9–331
Dec. 1973

N.M.O.C.D. COPY

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 ☐ gas well ☐ other **P&A**

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

3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL & 330' FEL (Unit Ltr "P")
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH: as above

5. LEASE
NM 025604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mann "B" Federal   MAR 1 1981

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Empire Yates 7 Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3–18S–27E

12. COUNTY OR PARISH   Eddy
13. STATE   N M

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
Unknown

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	☐	☐
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.)

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.)*

Rigged up on 2/09/81. RIH w/ 19 jts tbg to 361'. Pmpd 85 sx Cl C cmt plus 2% $CaCl_2$. Circ cmt to surf. POH w/tbg. Filled csg back to top w/cmt. Installed regulation dry hole marker, cleaned & leveled location. P&A eff: 2/09/81.

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

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

SIGNED _Jerry W. Schmidt_ TITLE _Dist. Drlg. Supt._ DATE _2/11/81_

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAR 1 1 1981

JAMES A. GREEN
DISTRICT SUPERVISOR

*See Instructions on Reverse Side