

c/3F

Form 9-331
Dec. 1973
OCT 10 1985
O. C. D.
ARTESIA OFFICE

NM CONS. COMMISSION
Drawn DD
Artesia, NM 88210 BLM & CARLSBAD
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR ARCO Oil and 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: 121' FNL & 1003' FEL (Unit A)
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH: as above

5. LEASE
LC 054205 ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
West Red Lake

9. WELL NO.
25 ✓

10. FIELD OR WILDCAT NAME
Red Lake Grayburg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
8-18S-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 | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input checked="" type="checkbox"/> | | <input type="checkbox"/> |
| (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.)*

Propose to P&A in the following manner: MIRU, POH w/tbg. Spot cmt in OH from 1245' TD to 1100'. RIH w/tbg, tag TOC. Perf 7" @ 1000' & pump into fm and circ. ✓
Set cmt retr @ 975', cmt squeeze perf. Pump 5 sx cmt on cmt retr. Circ w/9.5 ppg BW cont'g 25#/bbl gel. Spot 10 sx cmt @ surf. Cut off csg, inst regulation dry hole marker. Clean & level for abandonment

① 100' plug at 585'
② 100' plug at 300'

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

18 I hereby certify that the foregoing is true and correct

SIGNED Bob Hinchellard TITLE Engrg Tech Spec. DATE 7/24/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10-9-85

CONDITIONS OF APPROVAL, IF ANY: