

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 ☐
2. NAME OF OPERATOR ARCO Oil & Gas Company
Division of Atlantic Richfield Co.
3. ADDRESS OF OPERATOR
P.O. Box 1710, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 1979' FWL
AT TOP PROD. INTERVAL: (Unit Letter "C")
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

- ☐
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☐
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RECEIVED

MAR 24 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

5. LEASE
LC-029395 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME RECEIVED
8. FARM OR LEASE NAME
Turner "B" MAR 27 1980
9. WELL NO.
25 O. C. D.
10. FIELD OR WILDCAT NAME ARTESIA, OFFICE
Fren Seven Rivers
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-17S-31E
12. COUNTY OR PARISH Eddy 13. STATE N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3662' GR

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. Rig up, kill well, install BOP, POH w/Comp. assy.
2. Set CIBP @ 2045'
3. Run temp. survey, locate water flow. Run CBL/CCL/VDL
4. Perforate 2 SPF @ 20' above TOC as indicated by log
5. RIH w/cmt. retr., set 50' above perfs.
6. Squeeze cmt. perfs. w/Cl C cmt. salt saturated, circ. cmt. to surf. WOC
7. Drill out cmt. & retr., run bit to CIBP. Pressure test casing to 1000# for 30 min.
8. Circ. hole w/2% KCL wtr. w/corrosion inhibitor
9. Run tbg., flange up well head & close tbg. valve. Shut-in

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

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

SIGNED George H. Stewart TITLE Dist. Drlg. Supt DATE 3-17-80

(Orig. Sgd.) GEORGE H. STEWART (Space for Federal or State office use)
ACTING DISTRICT ENGINEER

MAR 26 1980

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: