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APR 29 1985

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

ARTESIA OFFICE

## 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 ☐ gas ☐ other WIW  
well well2. NAME OF OPERATOR ARCO Oil and Gas Company  
Division of Atlantic Richfield Company3. ADDRESS OF OPERATOR  
P. O. Box 1710, Hobbs, New Mexico 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FNL & 660' FWL (Unit D)  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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) ☐☐  
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☐  
☐5. LEASE  
LC-029395 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Turner "B" (B)9. WELL NO.  
5010. FIELD OR WILDCAT NAME  
Gravburg Jackson11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
29-17S-31E12. COUNTY OR PARISH Eddy 13. STATE  
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3626' GR

(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.)\*

RU 3/29/85, dug back flow pit on well location & plastic lined pit. Inst BOP & POH w/injection assy. Replaced 2 jts 2-3/8" OD salt-lined tbg & RIH w/pkr & injection tbg. Circ tbg/csg annulus w/corrosion inhibited fluid. Press tested tbg/csg annulus to 300# OK. Set pkr @ 3106'. Inst wellhead & commenced injection. On 24 hr inj test 4/12/85 inj 200 BW @ 900# TP, CP 0#. Closed workover pit on 4/19/85. Returned to injection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Robert E. Ballou TITLE Drlg. Engr. DATE 4/18/85

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD**  
CONDITIONS OF APPROVAL, IF ANY

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APR 25 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO