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AUG 16 1985

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## O. C. SUNDRY NOTICES AND REPORTS ON WELLS

ARTESIA OFFICE (This form for proposals to drill or to deepen or plug back to a different location. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐2. NAME OF OPERATOR ARCO Oil and Gas Company  
Div of Atlantic Richfield Company3. ADDRESS OF OPERATOR  
P. O. Box 1710, Hobbs, N.M. 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 380' FNL & 2310' FEL (Unit 1tr B)  
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 <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* Temporary <input checked="" type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE LC029395 (b)	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Turner "B"	
9. WELL NO. 69	
10. FIELD OR WILDCAT NAME Cedar Lake Abo	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29-17S-31E	
12. COUNTY OR PARISH Eddy	13. STATE N.M.
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3688' 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.)\*

1. RU, rem surf valve, POH w/tbg.
2. Press test csg to 500# for 15 mins.
3. Rem BOP, inst surf valve.
4. TA and hold for future waterflood development.

Field Inspector to be called prior to all casing tests.

APPROVED FOR 12 MONTH PERIOD

ENDING 8/15/86

Upon completion of satisfactory well test.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED *D. L. Shackelford*

TITLE Engrg Tech Spec.

DATE 8/13/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: