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DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

MAY 2 1985

Drawer DD
Artesia, NM 88210

SUNDRY NOTICES AND REPORTS ON WELLS

Artesia Office
Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331 for such proposals.

1. oil well ☐ gas well ☐ other WIW

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: 1980' FSL & 1980' FEL

AT TOP PROD. INTERVAL: as above

AT TOTAL DEPTH: as above

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) Repair Casing Leak

5. LEASE

LC-029395-b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Turner "B" (B) H

9. WELL NO.

56

10. FIELD OR WILDCAT NAME

Grayburg Jackson-SR-B-G-SH

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

30-17S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

14. API NO.

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

3617' GL

(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. Dig workover pit, plastic line pit. Back flow well to pit.
2. RU, install BOP & POH w/injection assy. Set RBP @ 3300'.
3. Pressure test casing and locate casing holes.
4. Cmt squeeze holes w/amt cmt as determined by pump-in rate. Circ cmt to surf. WOC.
5. DO cmt squeeze & press test casing.
6. Recover BP. RIH w/pkr & injection tbg. Circ corrosion inhibited fluid in tbg/csg annulus. Set pkr @ 3294'. Resume water injection. Close workover pit.

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

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

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

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5-1-85
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side