

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 ☐ WIW

2. NAME OF OPERATOR ARCO Oil and Gas Company
Div of Atlantic Richfield Co. /

3. ADDRESS OF OPERATOR
P. O. Box 1710-Hobbs, N M 88241-1710

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' 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	<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)		

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 plug & abandon in the following manner:

1. Rig up, install BOP, POH w/CA.
2. Push CIBP @ 3470' to 3570' PBD.
3. Set cmt retr @ 3350'.
4. Cmt sqz perfs 3426-3497', spot 10 sx cmt on top of retr. Circ hole w/9.5# heavy gel mud.
5. Spot cmt plug @ +1500'.
6. Perf 4 1/2" csg @ +540', break circ to surf.
7. Set cmt retr @ +500', circ cmt to surf. Close BH & sqz w/+100 sx cmt.
8. Fill 4 1/2" csg f/500' to surf, cut off WH, install regulation P&A marker, clean & level location for abandonment.

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

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

SIGNED Jerry D. Schmidt TITLE Dist. Drlg. Supt. DATE 4/12/82

(This space for Federal or State office use)

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

5. LEASE
LC-029395 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Turner "B" APR 14 1982

9. WELL NO.
76 O. C. D. ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME
Grayburg Jackson SR-Q-G-SA

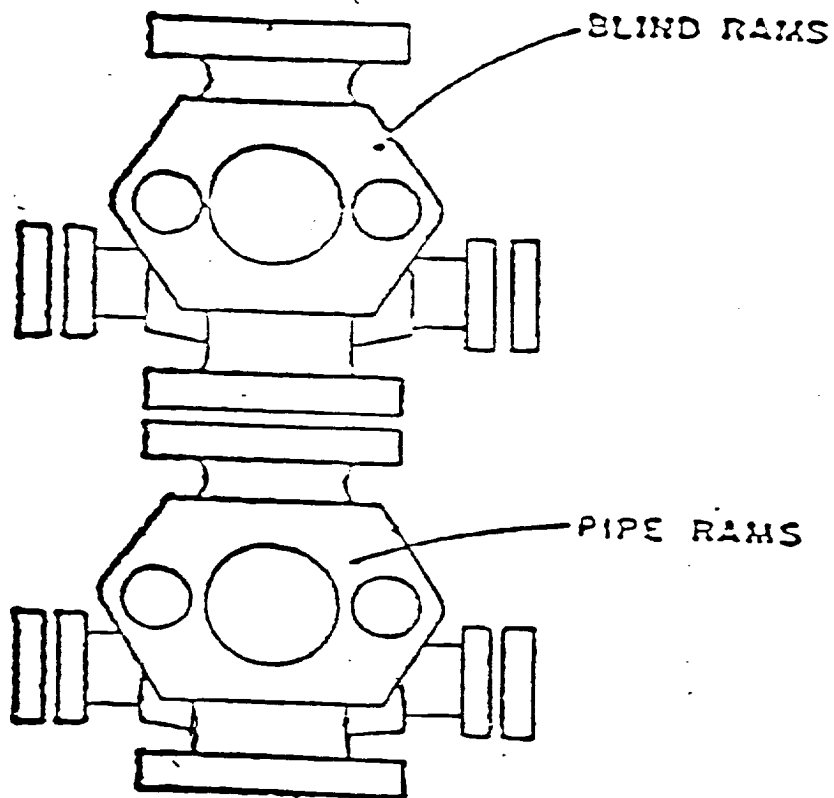
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
30-17S-31E

12. COUNTY OR PARISH 13. STATE
Eddy N M

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3656' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



ARCO Oil & Gas Company

Division of Atlantic Richfield Company

Blow Out Preventer Program

Lease Name Turner "B"

Well No. 76

Location 660' FSL & 660' FEL

Sec 30-17S-31E, Eddy Co., N M

BOP to be tested when installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.

Just
4/12/82