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Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

AUG 28 1980

O.C.D.  
APPROVAL 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 well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR ARCO Oil & 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.) 1980' FNL & 660' FWL  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
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)              | East Atoka                          |                          |
|                      | Morrow Zone Only                    |                          |

5. LEASE  
LC-060122
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Trigg Federal
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
East Atoka-Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
27-18S-27E
12. COUNTY OR PARISH  
Eddy
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3425' 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.)\*

Present Morrow zone depleted & watered out.

1. Rig up, install BOP, kill well. POH w/ comp assy.
2. RIH w/ cmt retr, set retr @ approx 8500'. Cmt squeeze Morrow perms 9781-95' w/approx 250 sx Cl "C" cmt cont'g 2% CaCl<sub>2</sub>.

Blowout Preventer diagram attached:

Recompletion procedure to test Cisco Zone proposed separately on form 9-331C.

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

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

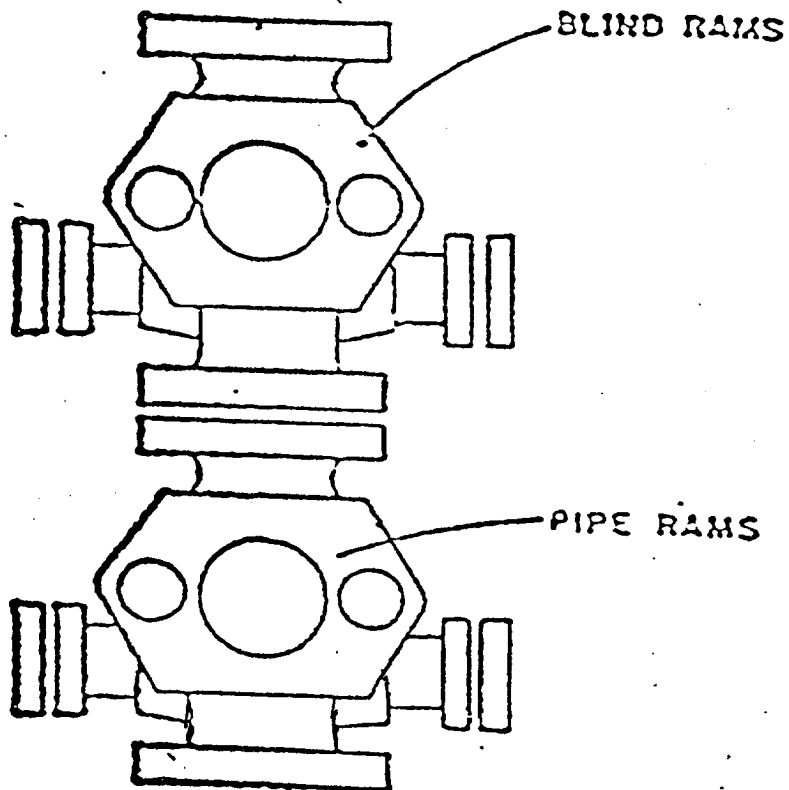
SIGNED Gerrard Schmidt TITLE Dist. Drlg. Supt. DATE 8/19/80.

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER ACTING DISTRICT ENGINEER  
CONDITIONS OF APPROVAL, IF ANY:

AUG 25 1980





**ATLANTIC RICHFIELD COMPANY**  
**Blow Out Preventer Program**

**Lease Name** Trigg Federal

**Well No.** 1

**Location** 1980' FNL & 660' FWL  
Sec 27-18S-27E-Eddy County, N M

BOP to be tested before 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.