

C/SF
File

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 ☐
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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☒ 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 OCT 22 1980
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
N M
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.)*

1. Rigged up on 9/24/80, install BOP, POH w/ comp assy.
2. RIH w/ cmt retr, set retr @ 9622'. Press tested tbhg/csg annulus w/ 1500#, tbhg to 4000#.
3. Cmt squeezed Morrow perfs 9781-95' w/ 6 bbls Cl "H" contg 6/10% Halad-9, squeeze press 4750#. Spot 15' Cl "H" cmt w/ 6/10% Halad-9 on top of retr. Rev out 4.5 bbl cmt to pit. Morrow Gas Zone P & A eff: 9/29/80.

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED Jerry W. Schmidt TITLE Dist. Drlg. Supt. DATE 10/21/80

(This space for Federal or State office use)

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