

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 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' FNL & 660' FWL
AT TOP PROD. INTERVAL: As above
AT TOTAL DEPTH: As above

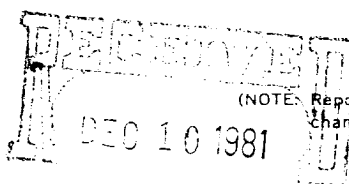
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

☐
☒
☒
☐
☐
☐
☐
☐
☐
☐



(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 6-15-81, installed BOP. Set CIBP @ 2610'. Spot 200' C1 "H" cmt on top of BP.
2. Perf'd 2 SPF @ 1799, 1823, 1829. Set pkr @ 1730'. Acidized perfs 1799-1829' w/1500 gals 15% HCL-LST-NE. Swab tested all wtr.
3. Set cmt retr @ 1730'. Squeezed perfs 1799-1829' w/100 sx C1 C Neat, spot 20' C1 C Neat cmt on top of retr.
4. Perf'd 2 JSPF @ 1514, 17, 28, 52, 61'. Set pkr @ 1415'. Acidized perfs 1514-1561' w/1500 gals 15% LSTNE acid. Swbbd & flwd all wtr.
5. Set cmt retr @ 1450'. Squeezed perfs 1514-1561' w/200 sx C1 "H" neat cmt. Spot 30' cmt on top of retr. PBD 1420'. Removed BOP, installed well head & closed valve on 6-22-81, recompletion attempt unsuccessful. TA 6-22-81. No other zones of interest. Propose to P&A.

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

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

SIGNED James D. Smith TITLE Dist. Drlg. Supt. DATE 12-3-81

(This space for Federal or State office use)

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

DEC 1 1981