

RECEIVED BY
OCT 12 1984
Form 9-330
Dec. 1973
O. C. D. UNITED STATES
ARTESIAN DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONC. COMMISSION
Drawer DD
Altofia, NM 88010

C/SF

Form Approved.
Budget Bureau No. 42-R1424

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,
Div. of Atlantic Richfield Company ✓
3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 860' FEL
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 ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) ☐ ☐

5. LEASE NM-7713
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME West Red Lake
8. FARM OR LEASE NAME West Red Lake Unit
9. WELL NO. 33
10. FIELD OR WILDCAT NAME Red Lake - G - SF
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8-18S-27E
12. COUNTY OR PARISH Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3448.1' GR

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

Commence drlg, run & cmt surf csg.

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.)*

Set 40' of 14" cond. pipe & cmted w/3 yds Redi mix. Spud 11" hole @ 5:45 PM 10/02/84. Fin drlg 11" hole to 1100' @ 11:30 PM. RIH w/8-5/8" OD 24# csg set @ 1045'. Cmted w/250 sx BJ lite contg 1/4#/sk flocele and 250 sx Cl"C" cmt contg 2% CaCl₂. Plug down @ 5:00 AM 10/05/84. PD w/950#. Circ 180 sx cmt to pit. WOC 19-3/4 hrs. Pressure tested csg to 1000# for 30 mins. OK. Commence drlg new fm @ 12:45 AM 10/06/84.

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

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

SIGNED Elizabeth L. Bush TITLE Chrg. Eng. DATE 10/09/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

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

OCT 10 1984

Carlsbad NEW MEXICO *See Instructions on Reverse Side