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MAY 15 1985

O. C. D.

ARTESIA, SUNDY

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
NM 88210

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
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: 990' FNL & 2310' FWL
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 type="checkbox"/> | <input type="checkbox"/> |
| (other) _____ | Repair Tubing |

5. LEASE
NM-10190
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
East Shugart Unit Waterflood
8. FARM OR LEASE NAME
East Shugart Unit
9. WELL NO.
6
10. FIELD OR WILDCAT NAME
Shugart Yates 7R Qn Grbg
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-18S-31E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3643' 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.)*

On 5/7/85 opened pit @ wellsite, back flowed to pit. POH w/injection assy. Replace 1 jt corroded tbg. RIH w/pkr & tbg. Tested tbg in hole to 4000# OK. Circ pkr fluid in tbg/csg annulus. Set pkr @ 2850'. Press tested tbg/csg annulus to 500# OK. On 24 hr inj test 5/8/85 injected 110 BW @ 600#. Returned to injection thru Qn perfs 3360-3877'.

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

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

SIGNED E. L. Bush TITLE Drig. Engr. DATE 5/9/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL

ACCEPTED FOR RECORD

MAY 13 1985

*See Instructions on Reverse Side

CARLSBAD, NEV. MEXICO