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Artesia, NM 88210

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

O. C. D.

ARTESIA, 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 ☐ gas ☐ other P&A SWDW
well ☐ well ☐2. NAME OF OPERATOR ARCO Oil and Gas Co.
Div of Atlantic Richfield Co. ✓3. ADDRESS OF OPERATOR
P. O. Box 1710, Hobbs, N M 88241-17104. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 100' FNL & 100' 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:

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

U.S. GEOLOGICAL SURVEY
HOBBS, N.M.

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, installed BOP, POH w/injection assy. Run csg scraper.
 2. Set pkr @ 3355' & established inj rate 3 BPM @ 2300#. POH w/pkr.
 3. Set cmt retr @ 3355'. Cmt sqz perfs 3382-94' w/200 sx Cl C cmt contg 2% CaCl₂. Max sqz press 2300#. P00 retr, circ hole w/brine gel mud.
 4. Spot 25 sx cmt inside 4½" csg @ 2200'.
 5. Spot 25 sx cmt inside 4½" csg @ 840'.
 6. Spot 10 sx cmt plug @ surf. Cut off wellhead below GL, install regulation dry hole marker, clean & level location for Abandonment according to BLM surface restoration requirements. P&A eff: 12/10/81.
- FINAL REPORT.

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

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

SIGNED James W. Schmidt TITLE Dist. Drlg. Supt. DATE 12/11/81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:TITLE _____ DATE 1-25-85