C/SF

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

RECEIVED
MAY 17 1985
O. C. D.
ARTESIA, OFFICE

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R3424

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 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: 100' FSL & 990' FWL
   AT TOP PROD. INTERVAL: as above
   AT TOTAL DEPTH: as above
5. LEASE
   LC-029392(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
   East Shugart Unit WF
8. FARM OR LEASE NAME
   East Shugart Unit
9. WELL NO.
   32
10. FIELD OR WILDCAT NAME
    Shugart Queen - Y-SR-Q-G
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)
    3623' GL

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)			

(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.)*

RU 4/29/85. Back flowed well to pit. Installed BOP & POH w/pkr & tbg. RIH w/new pkr, tested tbg back in hole w/4000# OK. Circ pkr fluid in tbg/csg annulus, set pkr @ 2946'. Commenced injecting water 5/1/85 down tbg ARO 250 BWPD, TP 1275#. Indicated leak out bradenhead ARO 1 BWPD. Pressure tested tbg/csg annulus to 500#, OK. To moniter braden head leak w/verbal permission from OCD & BLM until OCD bradenhead test in November, 1985.

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

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

SIGNED Elizabeth Bush TITLE Drlg. Engr. DATE 5/3/85

(This space for Federal or State office use)

APPROVED BY L. Mark Hollis TITLE _____ DATE 5/16/85
CONDITIONS OF APPROVAL, IF ANY: OK

*See Instructions on Reverse Side