Budget Bureau No. 42-R1424 p

UNIT STATESARTESIA, NN 88210 NM-

ξE N M-0673

6.	IF INDIAN,	ALLOTTEE OR	TRIBE NAME

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME -	
(Do not use this form for proposals to drill or to deepen or plug back to a different	Walt Canyon Unit	
reservoir. Usa Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME RECEIVED	
1. oil gas G	Walt Canyon Unit	
well other P&A	9. WELL NO. JUL 1 1982	
2. NAME OF OPERATOR ARCO Oil and Gas Company	1 1982	
Division of Atlantic Richfield Company	10. FIELD OR WILDCAT NAME O C	
3. ADDRESS OF OPERATOR	Wildcat ARTESIA OFFICE	
P. O. Box 1710, Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OF	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA	
below.)	3-22S-24E	
AT SURFACE: 990' FSL & 2310' FEL	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: as above	Eddy New Mexico	
	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3953' KDB	
TEST WATER SHUT-OFF \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{\b		
FRACTURE TREAT	TO BERT	
SHOOT OR ACIDIZE	그 그 그 그 그 그는 그를 걸었다.	
REPAIR WELL	(NOTE: Report results of multiple completion or zone	
PULL OR ALTER CASING	change on Form 9–330.)	
MULTIPLE COMPLETE		
ABANDON*		
(other)		
	II a district and also problems debeg	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d	irectionally drilled, give subsurface locations and	
measured and true vertical depths for all markers and zones pertinen	it to this work.)*	
	는 분실원 사이트를 가고싶다. 	
On 6/22/82 cut off surf plate and dry hole man	ker. Set 10 sx cmt plug @ surface	
Welded plate and dry hole marker back on. Wel		
USGS was notified of final plugging and approv	ved of plugging procedure. Einal	
-Report.	医克里克氏 医克里克氏 医二甲基甲基氏	
	그는 사람들 사람들이 바다 취실되었다.	
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	HE H	
	그는 그는 그는 그를 들었다. 일본 등록처럼	
•		
Subsurface Safety Valve: Manu. and Type	Set @ Ft.	
18. I hereby certify that the foregoing is true and correct		
SIGNED Sabeth & Bushine Drlg. Engr.	DATE 6/24/82	
7	ico usal	
(This space for Federal or State off	ice uses	
APPROVED BY TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:		
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