MM CIL CONS. COMMISSION

Form Approved.

Drawer Du
UNITED STATES Arboula, NM 98210

Budget Bureau No. 42-R1424 5. LEASE

011,722 071112		
DEPARTMENT O	F THE INTERIOR	
GEOLOGICAL SURVEY		

DEPARTMENT OF THE INTERIOR	NM-04787-B
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back the form of the proposals.	7. UNIT AGREEMENT NAME Walt Canyon Unit
eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas MAV 1.0	Walt Canyon Unit
well \square well \square other V P&A \square AT 13198	9. WELL NO.
2. NAME OF OPERATOR ARCO Oil and Gas Company	2
Division of Atlantic Richfield CompanyC. D	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR ARTESIA, OFFICE	Indian Basin Upper Penn Gas
P. O. Box 1710, Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	4-22S-24E
below.) AT SURFACE: 960' FNL & 800' FWL	12. COUNTY OR PARISH: 13. STATE
AT TOP PROD. INTERVAL: as above	Eddy New Mexico
AT TOTAL DEPTH: as above	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. ATTIO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB. AND WD)
	3965' DF
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON* \(\sum \) (other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and
	top of retr. Top of cmt plug @ 7360 pulled. Spot 50 sx Cl C cmt plug g @ 6016' w/2-3/8" tbg. Spot 30 sx t @ 3500'. Squeeze cmt 8-5/8" csg top of retr. Spot 50 sx cmt plug sx cmt @ surf. Installed regulation levelled location for abandonment.
Subsurface Safety Valve: Manu. and Type U.S. OFOLOC 18. I hereby certify that the foregoing is true and correct U.S. OFOLOC	GAS Set @ Ft. Ft. PMCAL SURVEY PM MEXICO
18. Thereby Certify that the bregoing is the and contest	
SIGNED TITLE Dist Drlg S (This space for Federal or State o	upt, DATE 4/26/82
(Originally Device W. Otherten	
APPROVED BY	DATE
CONDITIONS OF APPROVAL IF ANY 1982	
FOR JAMES A. GILLHAM	
# 11715 FAL WISH 17371	

DISTRICT SUPERVISOR *See Instructions on Reverse Side