

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instructio
verse side)ATE
a reForm approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0501759

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kurland Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Burton Flat Morrow Gas

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

6-21S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1980' FSL & 1980' FWL (Unit letter S)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3152.2' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☒

Morrow Gas only

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

TD 11,380', PBD 11,125'. Presently completed in Morrow perfs 11,055-11,102' unsuccessfully.

Propose to P&A Morrow zone & recomplete to the Strawn Gas in the following manner:

1. Rig up, install BOP & POH w/completion assy.

2. GIH w/cmt retr on tbg, set retr @ 10,950'.

3. Squeeze Morrow perfs 11,055-11,102' w/75 sx Cl H cmt cont'g 6/10 of 1% Halad 9 followed by 50 sx Cl H cmt cont'g 3/4 of 1% HR-4.

Note: Recompletion to the Strawn gas reported separately on Form 9-331C.

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NOV 15 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Dist. Drlg. Supv.

DATE 11/12/76

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

NOV 16 1976

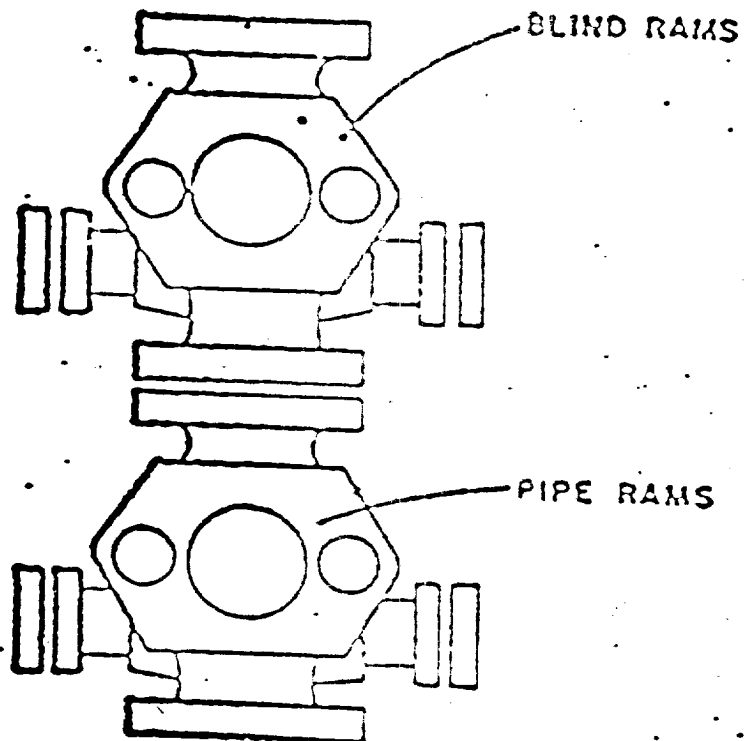
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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1971

1971



ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Kurland Federal

Well No. 1

Location 1980' FSL & 1980' FWL
Sec 6-21S-27E, Eddy County

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.