

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 ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR ARCO Oil & Gas Company
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR
Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1270' FSL & 810' FEL
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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Spud, run surf csg & cement

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

DEC 17 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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.)*

Spudded 17½" hole @ 11:30 AM 12/2/80. Finished drlg 17½" hole to 450' @ 5:00 AM 12/5/80. RIH w/105.18' of 13-3/8" OD 61# K-55 csg & 349.78' of 13-3/8" OD 54.5# K-55 csg, set @ 450'. FC set @ 394'. Cmtd 13-3/8" OD csg w/100 sx Thixolite w/1# Permacheck/sk followed by 464 sx C1 C cmt w/1% CaCl. PD @ 12:56 PM 12/5/80. WOC 2 hrs. RI annulus w/1" pipe, found TOC @ 42' FS. Dumped 4 yds Redi-mix cmt cont'g 3/8" gravel 42' to surf. WOC 29½ hrs. Pressure tested 13-3/8" OD csg to 1000# for 30 mins OK. Resumed drlg.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED James S. Smith TITLE Dist. Drlg. Supt. DATE 12/12/80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____