

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 ☐
2. NAME OF OPERATOR ARCO OIL & GAS CO.
DIVISION OF ATLANTIC RICHFIELD ✓
3. ADDRESS OF OPERATOR
P.O. BOX 1710, HOBBS, NEW MEXICO 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1270' FSL & 810 FEL
AT SURFACE: AS ABOVE
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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input checked="" type="checkbox"/>

RUN & CMT INTERMEDIATE CSG

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.)*
Finished drlg 11" Hole to 3500' @ 4:00 PM 12-10-80. Ran GR-CDL-CNL & DLL W/ Caliper. RIH w/3511.62' 8 5/8" OD 28# S-80 STC set @ 3500'. FC set @ 3406' Cmtd w/ 200 sx Thixolite cmt w/ 1# Perma check/sk, 1200 sx CL C Pace setter Lite w/6# salt/sk & 250SX CL C Neat. PD @ 10:30 PM 12-11-80. Circ 140 sx cmt to surf. WOC 23 3/4 Hrs. Drld out FC @ 3406' & cmt to 3460'. Press tested csg to 1000# for 30 mins. OK

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

5. LEASE LC- 70409

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

PURE FEDERAL

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

CAT CLAW-DRAW MORROW GAS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-21S-25E

12. COUNTY OR PARISH 13. STATE

EDDY

NEW MEXICO

14. API NO.

30-015-23510

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3297.2' GR

Subsurface Safety Valve: Manu. and Type

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

SIGNED *Peter W. Chester* TITLE DIST DRLG. SUPT. DATE 12-16-80

APPROVED BY	CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE
ACCEPTED FOR RECORD PETER W. CHESTER DEC 22 1980 U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO		(This space for Federal or State office use)	

*See Instructions on Reverse Side