

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 to plug back to a different reservoir. Use Form 9-331-0 for such proposals.

1. oil well ☒ gas well ☒ other ☐
2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
P.O. Box 5540, Denver, Colorado 80217
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1660' FNL & 1770' FEL (SWNE)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Approx the same

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* ☐

SUBSEQUENT REPORT OF:

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☐

(other) USE A ROTATING HEAD VS. ANNULAR PREVENTER

5. LEASE
SF 078477
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
Crow Mesa #2
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SWNE Sec 19-25N-7W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
30-039-23347
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6500' GL

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

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.)*

Use a rotating head vs. an annular preventer. All other well control equipment installed on 8-5/8" casing same as previous.

Verbal permission granted December 20, 1983 by Mr. E.G. Beecher (505) 325-4572.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W A Walther TITLE Operations Manager DATE 12-21-83
W A Walther, Jr.
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

MOCC

