

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 Company, a
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: 800' FNL & 800' FWL (NWNW)
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE ☒ SF 078482

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
Crow Mesa #1

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
(NWNW) Sec. 23-T25N-R8W

12. COUNTY OR PARISH 13. STATE
San Juan New Mexico

14. API NO.
30-045-25853

15. ELEVATIONS (SHOW DF, KDB, AND WD)
GL 6770'

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

(other) Use a rotating head as opposed to an annular preventer

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 on 8-5/8" csg will remain as outlined in our approved APD dated December 5, 1983. Verbal permission granted January 4, 1984, by Mr. E.G. Beecher (505)325-4572.

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OIL CON. DIV.
DIST. 3

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

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

SIGNED: W.A. Walther, Jr. TITLE: Operations Manager DATE: Jan 12 1984
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NM000

APPROVED
JAN 12 1984
AREA MANAGER
FARMINGTON RESOURCE AREA