

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

5. LEASE SF 078482

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
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8. FARM OR LEASE NAME  
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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'

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"/>

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JAN 12 1984  
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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JAN 16 1984

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:

APPROVED  
JAN 12 1984  
AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

NMOCC