

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 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: 865' FNL & 1520' FWL
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: 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) N.O. spud and set surface casing

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.)*

MI & RU. Spud @ 4:00 pm 6-22-80. Ran 13 jts 8-5/8", 24#, K-55, ST&C, Rge 3 casing (515.70') & set @ 529'. Qmt'd with 350 sxs Class 'B' with 2% CaCl, 1/4# flocele/sx. P.D. @ 3:00 am 6-23-80.

Tested blind and pipe rams to 1200# - held OK.

Drilling ahead.

5. LEASE
SF-078673

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Schlosser WN Federal

9. WELL NO.
2E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3-27N-11W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-24276

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6130' GL

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

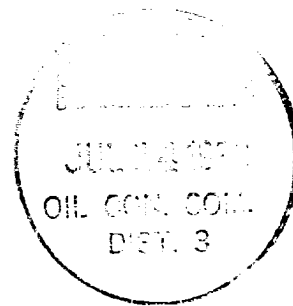
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. A. Walther, Jr. TITLE Operations Manager DATE 7-3-80

(This space for Federal or State office use)

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



ACCEPTED FOR
JUL 1 1980
BY E. M.