

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: 1795' FSL & 1575' FWL
AT TOP PROD. INTERVAL: Approx same
AT TOTAL DEPTH:

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.
1E

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
10-27N-11W

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

14. API NO.
30-045-24277

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6232' GL

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

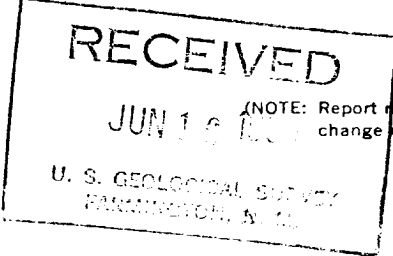
MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) NO spud & set surface Csg.

SUBSEQUENT REPORT OF:



(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.)*

MI & RU. Spud 12-1/4" hole @ 4:30 P.M. 6/6/80. Drld to 535'. Ran 14 jts 8-5/8", 24#, K-55, Rge 3, ST&C (534.77') & set @ 531' KB, Cmtd w/350 sxs C1 "B" w/2% CaCl, 1/4# flocele/sx. Had good returns. Circl +30 sxs cmt to surface. Testd BOP to 1000# f/30 mins. - held OK. Drlg ahead @ 1210' 6/8/80.

ACCEPTED FOR RECORD

JUN 18 1980

FARMINGTON DISTRICT
BY *[Signature]*



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

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

SIGNED W.A. Walther, Jr. TITLE Operations Manager DATE June 12, 1980

(This space for Federal or State office use)

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

NR800