

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 ☐ gas ☒ other ☐
well well well
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: 1970' FSL & 1790' FEL
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. perf, acidize and frac <input checked="" type="checkbox"/>	

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 Completion Unit. Ran CBL. Spotted 250 gals 15% HAS-acid with 15#/1000 gals CA-2 iron sequestering agent & 1 gal/1000 gal CSP-2 cla-stabilizer. Perf'd Dakota with 24 shots 0.32" diameter @ the following: 6113,15,17,44,46,94,96,98,6200,02,04,12,14,16,19,21,23,25,29,32,34,36,40,42. Pumped 43 bbls HAS-acid and 48 ball sealers. Frac'd perfs 6113'-6242' with 12,000 gals pad, 78,000 gals 2% KCL water, 1800 gals condensate, 3950 gals flush and 301,000# 20/40 mesh sand.

Landed tbg. Swabbed. Completed well.

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.
4E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R. M., OR BLK. AND SURVEY OR AREA
34-28N-11W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
30-045-24426
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5772' 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 _____ TITLE Operations Manager DATE 5-1-81
W. A. Walther, Jr. ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 10 1981
CONDITIONS OF APPROVAL, IF ANY:

BY RB FARMINGTON DISTRICT