

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: 1590' FNL & 1460' FEL Unit G
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

N.O. SPUD AND SET SURFACE

CASING

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED

JUN 17 1983

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

RECEIVED

JUN 27 1983

OIL CON. DIV.
DIST. 3

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 Aztec Rig #56; 13-3/8" pipe set @ 41' GL. SPUD 12-1/4" hole @ 6:15 pm 6-11-83. Drilled to 165'. RU and ran 4 jts (170.65') 8-5/8", 24#, 8rd, K-55, STC casing with GS @ 165' and FC @ 121'. Cemented as follows: 125 sx Class "G" with 2% CaCl₂ + 1/4#/sx flocele. Bump plug with 250 psi - float held. Circled 5 sx cement to pit. NU BOP. Tested blind rams to 1100 psi - OK. Drilling cement. Drilling ahead @ 674' 6-13-83.

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

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

SIGNED W.A. Walker, Jr. TITLE Operations Manager DATE 6-13-83
W.A. Walker, Jr.

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY Smm

JUN 24 1983