

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 ☒ TA gas well ☐ other
2. NAME OF OPERATOR ARCO Oil & Gas Co. ✓  
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR  
P. O. Box 1710, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FSL & 355' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: As Above
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- |                      |                                     |
|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/>            |
| FRACTURE TREAT       | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE     | <input type="checkbox"/>            |
| REPAIR WELL          | <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/>            |
| MULTIPLE COMPLETE    | <input type="checkbox"/>            |
| CHANGE ZONES         | <input type="checkbox"/>            |
| ABANDON*             | <input type="checkbox"/>            |
| (other)              |                                     |

SUBSEQUENT REPORT OF:

**RECEIVED**

MAY 19 1980

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

8. LEASE  
LC-031844
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Fren Oil Co.
9. WELL NO.  
16
10. FIELD OR WILDCAT NAME  
Cedar Lake Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA  
19-17S-31E
- |                              |                         |
|------------------------------|-------------------------|
| 12. COUNTY OR PARISH<br>Eddy | 13. STATE<br>New Mexico |
|------------------------------|-------------------------|
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4055' GR

(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.)\*

1. Rig up, install BOP. POH w/ 1 jt tbg.
2. RIH w/tbg & pkr, locate csg leak.
3. Squeeze cmt leak thru cmt retr w/amt & kind cmt to be determined by pump in rate. WOC.
4. Drill out retr & cmt. Press test squeeze job to 1000# for 30 mins. Return to TA status.

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**MAY 20 1980**

O. C. D.  
ARTESIA, OFFICE

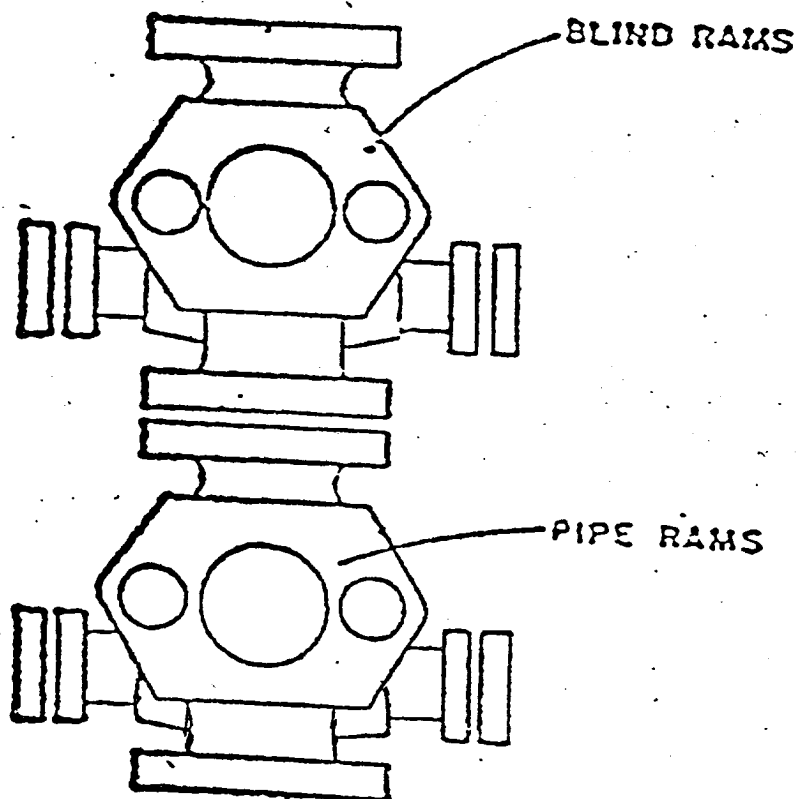
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *[Signature]* TITLE Dist. Drig. Supt DATE 5-14-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_



**ATLANTIC RICHFIELD COMPANY**  
**Blow Out Preventer Program**

**Lease Name** Fren Oil Co.

**Well No.** 16

**Location** 990' FSL & 355' FEL,  
Sec 19-17S-31E, Eddy County, N M

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.