

CSP

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MAY 17 1985
O. C. D.
ARTESIA OFFICE

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 WIW

2. NAME OF OPERATOR ARCO Oil and Gas Company
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: 100' FSL & 990' FWL
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH: as above

5. LEASE
LC-029392

6. IF INDIAN, ALIEN, OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
East Shugart Unit

9. WELL NO.
32

10. FIELD OR WILDCAT NAME
Shugart Yates Rivers On Grbg

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-18S-31E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3623' GL

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) <u>Repair Inj assy & Pkr</u>		

(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.)*

Propose to open pit on location and back flow well to pit, POH w/injection assy & inspect pkr & tbg. Repair packer and replace tbg as needed. Check for tbg/csg annulus communication. Return to injection.

Approval to open pit on location was received verbally by phone conversation w/ BLM on 4/23/85.

MAY 06 1985

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

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

SIGNED Elizabeth J. Bush TITLE Drig. Engr. DATE 5/01/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE 5-16-85
CONDITIONS OF APPROVAL, IF ANY: _____

Subject to
Like Approval
by State