

**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 ☐2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company3. ADDRESS OF OPERATOR
Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL & 1980' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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) Repair Water Flow

SUBSEQUENT REPORT OF:

RECEIVED
SEP 6 1979U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO5. LEASE
LC030437 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Johns A-24 DE

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Maljamar Grbg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

24-17S-32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4040' GR

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, kill well, install BOP, POH w/comp assy.

2. Run CBL/CCL.

3. RIH w/RBP & set 100' above proposed squeeze perfs. Spot 2 sx sd on top of BP.

4. Perf after log inspection w/2 JSPF (2' interval).

5. Run & set cmt retr 50' above perfs. Cmt perfs w/Cl C cmt w/2% CaCl (amt to be determined). Drill out cmt & retr. Press test csg & squeeze holes.

6. Wash sd off BP, retrieve BP.

7. RIH w/comp assy, fill tbq/csg annulus w/corrosion inhibited water. Return to water injection.

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

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

SIGNED

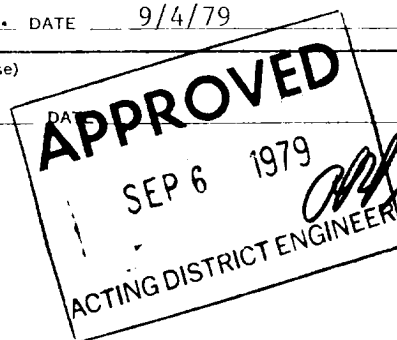
TITLE Dist. Drlg. Supt. DATE 9/4/79

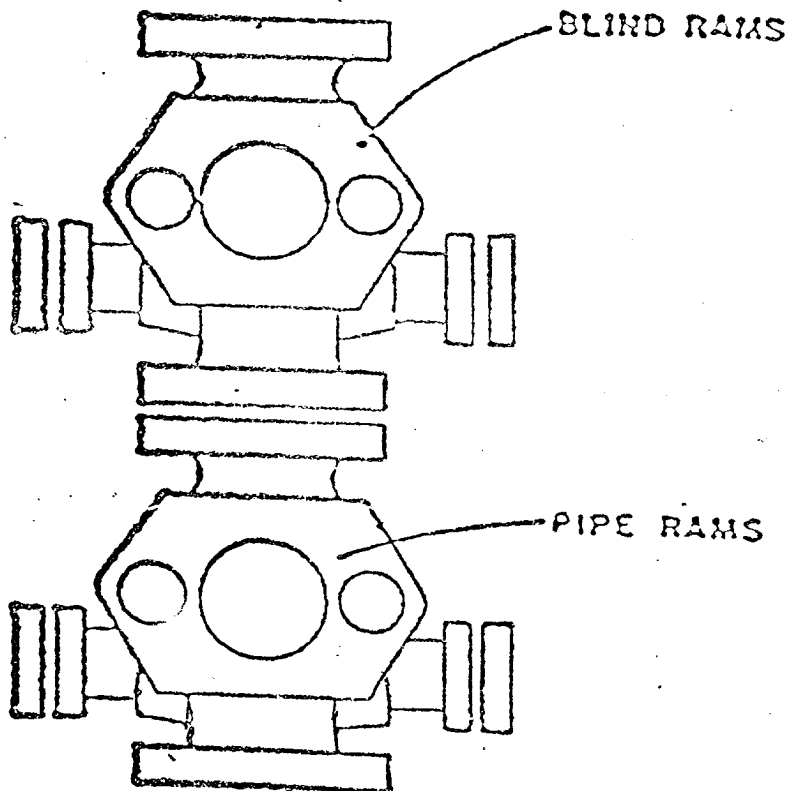
(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____





ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Johns A-24 DE

Well No. 2

Location 660' FSL & 1980' FWL
Sec 24-17S-32E, Lea County

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