

UNIT STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ P&A
2. NAME OF OPERATOR ARCO Oil and Gas Company
Division of Atlantic Richfield Company
3. ADDRESS OF OPERATOR
Box 1710, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 1980' FWL
AT TOP PROD. INTERVAL: as above
AT TOTAL DEPTH: as above
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) | ☐ | | ☒ |

5. LEASE
NM-0185-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Dow Federal Com.
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Dean Permo Penn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
5-16S-37E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3849' GL

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

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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.)*

RU 8/31/83, killed well, installed BOP & POH w/tbg. Set cmt retr @ 9895' & cmt sqzd Permo Penn perfs 9920-10,725' w/300 sx Cl H Neat cmt. POH w/tbg. RIH w/2-7/8" tbg & cmt retr, set retr @ 9272'. Spotted 50 sx Cl H cmt to retr, stung into retr & cmt sqzd w/3500#, RO 10 sx cmt. POO retr & displ hole w/10# brine cont'g 25#/bbl salt gel. Cut 5 1/2" csg @ 6390'. Rec 6384' of 5 1/2" OD csg. RIH w/2-7/8" tbg OE to 6454'. Pmpd 95 bbls 10# brine cont'g 25 sx salt gel per 100 bbl brine. Spotted 35 sx Cl C cmt 6454-6281'. Rem BOP. POH w/tbg. Set cmt retr in 8-5/8" OD csg @ 4910'. Stung into retr & sqzd thru retr w/75 sx Cl C Neat cmt. Max press 1800#, POO retr & spotted 30 sx Cl C Neat cmt on top of retr. POH w/tbg. Perf'd 8-5/8" OD csg @ 350'. Pressured 8-5/8" OD csg to 1800# for 15 mins, held pressure. Bled off press & RIH w/2-7/8" tbg OE. Spot 122 sx Cl C Neat cmt from 419' to surf. Cut off csg 5' below GL. Weld steel cap on 13-3/8" surface csg. Inst regulation dry hole marker. P&A eff 9/13/83. Final Report.

Subsurface Safety Valve: Manu. and Type

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

Set @ _____ Ft.

SIGNED Robert M. Lawrence TITLE Dr. Engr. DATE 9/15/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8-15-85

CONDITIONS OF APPROVAL, IF ANY: