

N. M. CIVIL RIGHTS COMMISSION
P. O. BOX 1000
HOBBS, NEW MEXICO 88240
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 ☐
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: 2630' FSL & 1310' FEL
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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
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Spud, Run Surf Csg & Cmt

5. LEASE
LC-059152-b
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Sinclair Maljamar Johns DE
Waterflood Project
8. FARM OR LEASE NAME
Johns B DE
9. WELL NO.
14
10. FIELD OR WILDCAT NAME
Maljamar Grayburg
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
24-17S-32E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
30-025-27654
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4078.7' GL

(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.)*

On 12/5/81 set 16" conductor pipe @ 30'. Cmt'd w/4 yds Redi-mix cmt to surface. Spudded 12 1/2" hole @ 4:00 PM 12/6/81. Finished drilling 12 1/2" hole to 448' @ 10:30 PM 12/6/81. RIH w/8-5/8" OD 24# K-55 csg, set @ 448'. Cmt'd 8-5/8" OD csg w/300 sx C1 C cmt cont'g 2% CaCl. PD @ 2:30 AM 12/7/81. Circ 120 sx cmt to surface. WOC 18 hrs. Press tested csg to 1000# 30 mins OK. Drlg new formation.

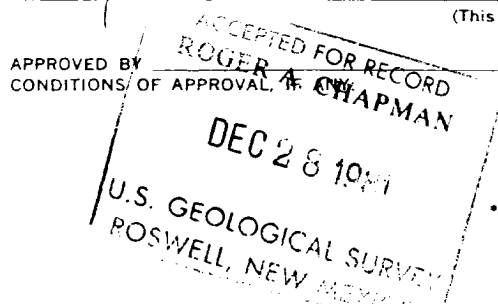
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Jerry D. Schmidt TITLE Dist. Drlg. Supt. DATE 12/9/81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____



*See Instructions on Reverse Side