

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 ☐
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: 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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☐
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☐
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☐
☐
☐

Special Approval Stipulation Changes

5. LEASE
LC-059152-b
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Johns "B" DE
9. WELL NO.
14
10. FIELD OR WILDCAT NAME
Maljamar Grayburg SA
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.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4078.7' 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. Stipulation "B" will be complied with to provide a rotating annular preventer to the Blind and pipe ram preventer before drilling below 8-5/8" casing.
2. The data on well sign will show Johns "B" DE No. 14 rather than Johns "B" E No. 14.

Above changes per phone conversation between ARCO's Jerry Schmidt and USGS Mr. George Stewart.

DEC 15 1981

O. C. D.
APRIL 14, 1981

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

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

SIGNED Jerry Schmidt TITLE Dist. Drlg. Supt. DATE 12/02/81

(This space for Federal or State office use)

APPROVED BY
CONDITIONS APPROVED

TITLE _____ DATE _____

DEC 11 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side