

COPY TO O. C. G.

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.) 1980' FNL & 1980' FWL, unit Ltr F
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 checked="" 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) | | |

5. LEASE
NM-052
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Mescalero Ridge Unit 35
9. WELL NO.
5
10. FIELD OR WILDCAT NAME
Pearl Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-19S-34E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3710' GR.

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(NOTE: Report results of multiple completion or zone change on Form 9-331)

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

Perforate additional Queen zone w/1 JSPF 4741, 43, 4938, 48, 71, 75, 99, 5004, 11, 15, 5058'. Treated w/25 bbls NE wtr, 20 bbls w/Hib S-234, 55 gals 15% NE-HCL w/200# CaCl, 2500 gals 15% NE-HCL, 750# block, 25 bbls NE wtr, 20 bbls w/1½ drums Hib S-234 wtr, 55 gals 15% NE-HCL w/200# CaCl, 2500 gals 15% NE-HCL & flush w/46 BFW. Return to production,

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

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 1/7/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 11 1980

[Signature]

ACTING DISTRICT ENGINEER

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JAN 15 1980

OIL CONSERVATION DIV