

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
P. O. Box 1710, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FNL & 990' 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:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
~~18~~-NM082

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ballard DE Federal

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Lynch Yates 7Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
27-20S-34E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3677' DF

(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. RU, install BOP & POH w/compl assy. Set RBP @ 3585' & pkr @ 3500'. Acidize existing Yates perfs 3566-3580' w/2400 gals 7½% HCL. Swab test.
2. Re-set BP @ 3550'. Perf add'l Upper Yates @ 3495, 3512, 24, 37' w/2 JSPF. Set pkr @ 3300' & acidize w/1600 gals of 7½% HCL. Swab test.
3. Frac Yates perfs 3495-3537' w/36,000 gals of 30#/1000 gals gel w/5% diesel phase & 110,000# sd.
4. POH w/pkr & RBP. Swab test. RIH w/compl assy & return to production.

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

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

SIGNED Elizabeth S. Bush TITLE Drlg. Engr. DATE 8/8/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 8-20-84