

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☐ gas ☐ other Salt Water Disposal2. NAME OF OPERATOR ARCO Oil & 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.) 1980' FSL & 1980' FEL

AT SURFACE: as above

AT TOP PROD. INTERVAL: as above

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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) ☐5. LEASE
NM 0897

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fletcher A DE Federal

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Lynch Yates 7R Qn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

27-20S-34E

12. COUNTY OR PARISH

Lea

13. STATE

N M

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3696.6' GR

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

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MAR 03 1981U. 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.)*

1. Rig up, POH w/2-3/8" IPC tbg & pkr.

2. RIH w/RBP & pkr. Locate csg leak.

3. Set RBP below leak & spot sd on top. Set cmt retr above leak.

4. Cmt squeeze csg leak w/150 sx Cl C cmt contg 2% CaCl. (a more realistic cmt volume is to be determined from injection rates)

5. Drill out cmt & cmt retr. Press test squeeze job to 1000# for 30 mins.

6. Wash sd off RBP, POH w/RBP. RIH w/IPC pkr & tbg. Return to disposal.

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

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

SIGNED

James D. Smith

TITLE Dist. Drlg. Supt. DATE 2/19/81

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

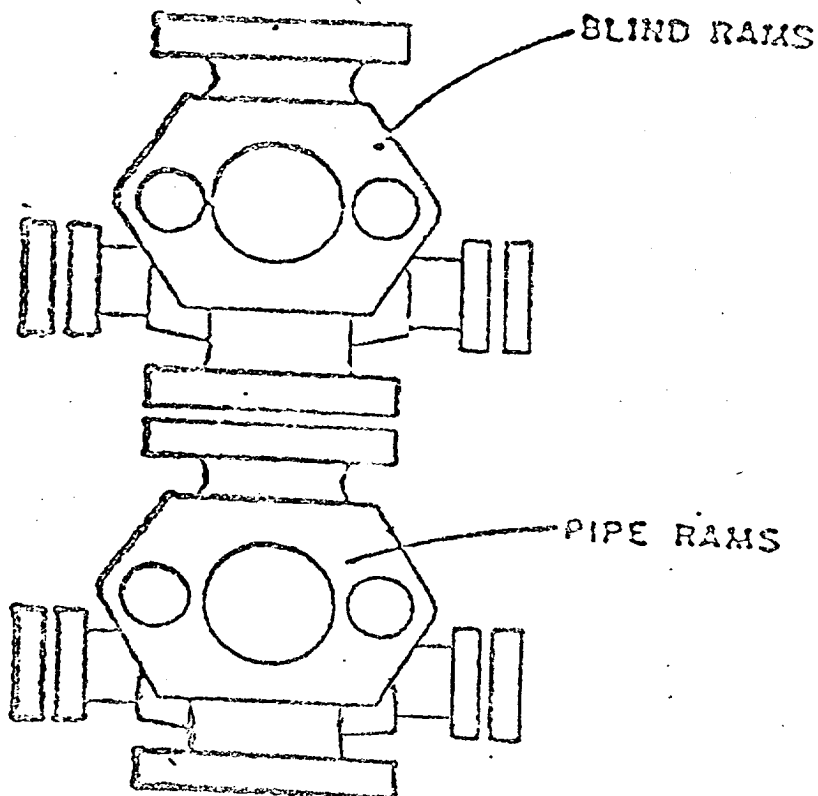
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED

FEB 27 1981

J.E.S.
DISTRICT SUPERVISOR



ARCO Oil & Gas Company

Division of Atlantic Richfield Company

Blow Out Preventer Program

Lease Name Fletcher A DE Federal

Well No. 4

Location 1980' FSL & 1980' FEL

Sec 27-20S-34E, Lea County, N M

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.