

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 ☒ Dual 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: 990' FNL & 2310' FWL
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 tbg & pkr ☒
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
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☐
☐
☐
☐
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5. LEASE
LC-030133 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Langley Deep
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Langley Dev & Ellenburger Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28-22S-36E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
30-025-25699
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3515.6' GR

RECORDED
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

APR 12 1983

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.)

Rig up, kill well, install BOP. POH w/dual compl assy. Repair pkrs & tbg as necessary. RIH w/dual compl assy, set pkrs to separate Dev/Ellen zones @ 15,230 & 12,230'. Acidize Devonian perfs 12,386-12,525' & Ellenburger perfs 15,329-15,531' w/approx 5000 gals acid. Test for communication between zones. Return to production.

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

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

SIGNED Robert E. Balducci TITLE Drlg. Engr. DATE 4/8/83

APPROVED (This space for Federal or State office use)
(Orig. Sign.) W. CHESTER
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 19 1983

APR 22 1983
O.C.D.
HOBBS OFFICE