

N. OF CARLSBAD COMMISSION  
UNITED STATES BOX 1980  
DEPARTMENT OF THE INTERIOR MEXICO 89240  
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: 1880' FNL & 1650' 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:         |                          | 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 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) Spud, set surf csg & cmt |                          |                       |                          |

|  |                         |
|--|-------------------------|
| 5. LEASE<br>LC-030133 (b)                                      |                         |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                           |                         |
| 7. UNIT AGREEMENT NAME   |                         |
| 8. FARM OR LEASE NAME<br>Langley Meyers                        |                         |
| 9. WELL NO.<br>1   |                         |
| 10. FIELD OR WILDCAT NAME<br>Langley Strawn                    |                         |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>28-22S-36E |                         |
| 12. COUNTY OR PARISH<br>Lea                                    | 13. STATE<br>New Mexico |
| 14. API NO.<br>30-025-29295                                    |                         |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br>3498.4' GL            |                         |

(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.)\*

On 6-18-85 set 20" cond pipe @ 30' & cmtd w/2½ yds Redi-mix cmt. Spudded 17½" hole @ 11:30 a.m. 6-20-85. Finished drlg 17½" hole to 1410' @ 3:15 a.m. 6-25-85. RIH w/13-3/8" OD 54.50# J-55 csg set @ 1410'. FC set @ 1369'. Cmtd w/1000 sx Dowell Lite contg 2% CaCl<sub>2</sub> & ¼#/sk celloflake followed by 400 sx Cl C contg 2% CaCl<sub>2</sub>. JC @ 2:45 p.m. 6-25-85. Circ 275 sx cmt to surf. Cut off 20" & 13-3/8" csg, installed well head. WOC 18¼ hrs. Pressure tested csg to 1000# for 30 mins. OK. Commenced drlg 11" hole @ 1:00 a.m. 6-27-85.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W.D. Williams TITLE \_\_\_\_\_ DATE 7/2/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUL 3 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO