

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 & 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: 1980' FSL & 1650' FEL  
AT TOP PROD. INTERVAL:  
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:

- ☐  
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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. Rigged up on 6/10/80. Installed BOP. POH w/ comp assy.
2. Set pkr @ 5172'. Acidized perms 5203-5386' w/ 3000 gals 15% HCL-NE acid using 500# rock salt. In 3 hrs swbd 8 BO, 31 BW.
3. Set RBP @ 5187'.
4. Perf'd 7" csg w/ 1 JSPF @ 5105, 11, 19, 33, 36, 44, 52, 57, 5163'.
5. Set BP @ 5082'. Spotted 3 sx sd on top.
6. Resqueezed perms 4968-5020' w/50 sx Cl C cmt w/2% CaCl. WOC.
7. TOC @ 4950'. Drld out cmt 4950-4972'. Press tested squeeze job to 1500# for 30 mins, OK.
8. Washed sd off BP. Rec BP @ 5082'. Retrieved BP @ 5187'. Re-set BP @ 5426'.
9. On 9 hr swab test rec 8 BO, 36 BW, 15 hr SITP 100#. Retrieved BP @ 5426'.
10. RIH w/ comp assy, set 5435'. On 24 hrs test 7/30/80 pmpd Justis Bly perms 5105-5163' & 5203-5386' 5 BO, 20 BW, 40 MCFG. FINAL REPORT.

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

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

SIGNED Jerry W. Schmidt TITLE Dist. Drlg. Supt. DATE 3/12/81

(This space for Federal or State office use)

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

5. LEASE LC-060945	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Carlson "A" Federal	
9. WELL NO. 2	
10. FIELD OR WILDCAT NAME Justis Blinebry	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23-25S-37E	
12. COUNTY OR PARISH Lea	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3087' DF	

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