

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 well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR ARCO Oil & Gas Company  
Divison 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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results of multiple completion or zone  
change on Form 9-330.)U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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 N M
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3087' DF

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, install BOP, POH w/ comp assy.
2. Set RBP @ 5410'. Set pkr @ 5290' & treat Blinebry perms 5203-5386' w/3000 gals 15% HCL acid using 500# rock salt. POH w/pkr. Re-set BP @ 5185'.
3. Perforate add'l Blinebry zone w/ 1 JSPF @ 5105', 111, 119, 133, 136, 144, 152, 157, 163'.
4. Treat Bly perms w/ 1000 gals 15% HCL & acid frac w/ 15,000 gals gelled acid & 14,000 gals of frac fluid.
5. Swab back load, rec BP. RIH w/ comp assy & return to production.

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

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

SIGNED For LEROY LANE TITLE Dist. Drlg. Supt. DATE 6/6/80

(This space for Federal or State office use)

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