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UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYDrawn
Artesia, NM 88210O. C. D.
ARTESIA OFFICE

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: 660' FSL & 1980' FEL (Unit "O")
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 ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE
LC-034117 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
R. S. Crosby "A"
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Jalmat Yates Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-25S-37E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3003' GR

(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.)*

- RU, install BOP & POH w/compl assy. Knock out CIBP @ 2690'.
- Set CIBP above TOL @ 2895'.
- Perforate additional Yates gas fm w/2 SPF @ 2707-14', 20-30', 34-42', 66-70', 2826-35' & 2895-2920'.
- Set pkr @ 2695' & acidize perfs 2707-2920' w/1500 gals 15% NEFE. Swab back & test.
- Frac Yates perfs 2595-2920' w/10,500 gals 30# X-1 gel in 2% KCL w/5% diesel, 5250# 20/40 sd & 23,000# 12/20 sd. Flush to top perfs w/2% KCL. Swab back & test.
- RIH w/compl assy and return to production as single Yates gas well.

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

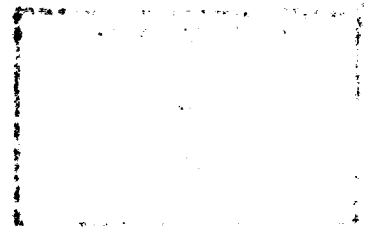
18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Drlg. Engr. DATE 6/21/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 7-28-85

CONDITIONS OF APPROVAL, IF ANY:



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