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Form Approved. Budget Bureau No. 42-R1424

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.)

2. NAME OF OPERATOR ARCO Oll and Gas Company

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

AT TOTAL DEPTH: as above

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

Division of Atlantic Richfield Company

Commingled Downhole

Box 1710, Hobbs, New Mexico 88240

well

below.) 990' FNL & 990' FEL

AT SURFACE:

3. ADDRESS OF OPERATOR

AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

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)

5.	LEASE
	NM-14217
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
7.	UNIT AGREEMENT NAME
8.	FARM OR LEASE NAME Ja1
9.	WELL NO.
10.	FIELD OR WILDCAT NAME Justis Blinebry/Tubb Drkd
11.	SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-25S-37E
12.	COUNTY OR PARISH 13. STATE Lea N.M.
14.	API NO.
15.	ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

Commingled Downhole

SUBSEQUENT REPORT OF:

RU 2/23/80. Killed well, inst BOP, POH w/dual string of tbg. Rec pkr @ 5709'. CO to 6182'. RIH w/2-3/8" OD EUE tbg, MA w/BP, perf nipple, SN set @ 6130'. Ran rods & 2" x $1\frac{1}{2}$ " x 12' x 16' pump. Returned to production with Justis Blinebry and Justis Tubb Drinkard zones commingled downhole on 2/29/80. Final Report.

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu.	and Type		Set @	Ft.
18. I hereby certify that the fore	egoing is true and correct			
SIGNED AMONTO	TITLE Dist. Drlg. Supt	• DATE3	/26/80	
	(This space for Federal or State office u	se)		
APPROVED BYCONDITIONS OF APPROVAL, IF AN	TITLE	DATE		
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