

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 and Gas Company
Division of Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P.O. Box 1710, Hobbs, N.M. 88240

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

AT SURFACE: 660' FSL & 660' 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 ☐

FRACTURE TREAT ☒

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

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.

4

10. FIELD OR WILDCAT NAME

Langlie Mattix 7 R Qn

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA

29-25S-37E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

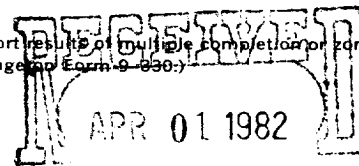
14. API NO.

30-025-27265

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3024.5' 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.)*

Proposed to add perms same zone and acidize and frac in the following manner:

1. Rig up, install BOP & POH w/Comp assy.
2. Set RBP @ 3240'.
3. Perforate additional zone w/1-42" hole @ 3060,72,77,85,3104,14,21,38,53, 61,69,76,81,92,3204,13,17,25'.
4. Acidize 3060-3225' w/3000 gals 15% NEFE, swab test.
5. Re-set RBP @ 3294', pkr @ 2960' frac perms 3060-3225 & 3254-3294' w/30,000 gals X linked gelled KCL wtr, 15,000 gals CO₂ w/76,500# sd. Swab back load and test.
6. RIH w/Comp assy & return to prod.

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 3-26-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 2 1982

FOR

**JAMES A. GILLHAM
DISTRICT SUPERVISOR**

See Instructions on Reverse Side

RECEIVED

APR 5 1982

NO 345 OFFICE