

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 ☒ gas ☐  
well well other

2. NAME OF OPERATOR

T. L. Morris

3. ADDRESS OF OPERATOR

P. O. Box 2130, Kilgore, TX 75662

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

AT SURFACE: 2310' FWL 990' FSL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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) ☐

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X Plugging

5. LEASE

NM 13780

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

G.A.P.

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Wildcat Gal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE<sup>1</sup>/<sub>4</sub>SW<sup>1</sup>/<sub>4</sub> Sec. 19  
T-16-N R-5-W

12. COUNTY OR PARISH

McKinley

13. STATE

NM

14. API NO.

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

6486' GR

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

RECEIVED

SEP 16 1985

BUREAU OF LAND MANAGEMENT

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.)\*

Well was plugged with a total of 48 sacks regular cement with 100' at TD; 100' from 650' to 750'; 200' at surface. Drilling mud weighted to at least 9.2 lbs/gal was placed between plugs. Job was finished September 9, 1985.

The hole is cased from surface to TD.

We will notify you when location has been rehabilitated and ready for inspection.

RECEIVED

SEP 24 1985

Subsurface Safety Valve: Manu. and Type

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

SIGNED Thomas D. Chace TITLE Coordinator

DATE September 12, 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OIL CON. DIV. APPROVED  
DIST. 3

SEP 20 1985

AREA MANAGER  
FARMINGTON RESOURCE AREA