

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  
T.L. MORRIS

3. ADDRESS OF OPERATOR  
P.O. BOX 1038 KILGORE, TEX. 75662

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 880' FWL 330' FSL  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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:

PLUG

1

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RECEIVED

OCT 28 1981

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U.S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

5. LEASE

NM 13779

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
CHERYL LYNN

9. WELL NO. #1

10. FIELD OR WILDCAT NAME

WHILDCAT Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SWSW SEC. 22

T16N R4W

12. COUNTY OR PARISH 13. STATE

SANDOVAL

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6310' GR

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.)\*

10-21-81 DRILLED TO 325' - RAN LOG WITH DALTON WELL LOGGING. NO OIL SHOW. PLUGGED WELL WITH 50' PLUG ON BOTTOM, & 50' PLUG AT SURFACE.

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OCT 03 1984

OIL CON. DIV.

DIST. 3

Subsurface Safety Valve: Manu. and Type GLOBE FULL OPENING VALVE Set @ \_\_\_\_\_ Ft.

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

SIGNED Jim Depper TITLE AGENT DATE 10-21-81

(This space for Federal or State office use)

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

APPROVED

N M O C C

\*See instructions on Reverse Side

OCT 01 1984  
/s/ J. Stan McKee

AREA MANAGER