

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, Texas 75662
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 330 FNL 660 FEL
- 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) Report of Spudding and
Setting surface casing

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.)*

Spudded well on may 30, 1981. Set new 20# 8 5/8 Surface casing at 65' circulating 35 sx common cement to surface on May 31, 1981.

5. LEASE

WM 13593

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Glen

9. WELL NO.

#1

10. FIELD OR WILDCAT NAME

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA NE₄NE₄ Section 26

T16N E3W

12. COUNTY OR PARISH | 13. STATE

Sandoval

STATE
NM

14. API NO.

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

6327: GR

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

RECEIVED

JUN 17 1981

OIL CON. COM.
DIST. 3

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

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

SIGNED _____ TITLE Agent DATE June 13, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

NMOCG

*See Instructions on Reverse Side

12-11-1964

1990

BY Dean Elliott