

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. DRAWER M, MILAN, NEW MEXICO 87021

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

AT SURFACE: 2310' FSL 330' FEL

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:

RECEIVED

APR 4 1981

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

5. LEASE

NM-13781

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BETTY

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

WILDCAT

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

NE 1/4 SEC. 35,

T-17-N, R-3-W

12. COUNTY OR PARISH

SANDOVAL

13. STATE

NEW MEXICO

14. API NO.

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

6445 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.)\*

10/27/81 WE HAVE PLUGGED WELL WITH 50 FT. CEMENT PLUG

ON BOTTOM; ALSO 50 FT. CEMENT PLUG ON TOP.

RECEIVED

OCT 03 1984

OIL CON. DIV.  
DIST. 3

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

Jean Houston

TITLE

AGENT

DATE

10/27/81

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL IF ANY:

APPROVED

\*See Instructions on Reverse Side

NMOCC

OCT 03 1984  
/s/ J. Stan McKee

for [signature]